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ABSTRACT

A pilot project to provide educational, psychological, and social services for elementary school children who are educationally retarded, emotionally disturbed, or socially maladjusted was developed to help a school system deal more effectively with disruptive or learning disabled children. An interdisciplinary approach was used and three major types of activities were implemented: social, educational, and psychological diagnoses with planned remediation; development of eight special classes; and a consultation program to help regular class teachers recognize incipient difficulties. These activities are described as are pupil behaviors in the classes and an evaluation of 27 experimental students who had been in the project for a minimum of 6 months. In reading and arithmetic achievement and on the full scale Wechsler Intelligence Scale for Children the experimentals progressed significantly more than controls who remained in regular classes. The pilot program was considered a success and a new program has begun focusing on expanding the service and training already initiated. Appendixes contain records, applications, forms, reports, and case studies. (RJ)

ED036951

END OF BUDGET PERIOD REPORT
TITLE III, ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965

THE DIAGNOSTIC AND ADJUSTMENT CENTER

Submitted to
DIVISION OF PLANS AND SUPPLEMENTARY CENTERS
U. S. OFFICE OF EDUCATION
400 MARYLAND AVENUE, S.W.
WASHINGTON, D. C. 20202

By

THE BOARD OF EDUCATION
CITY OF ST. LOUIS
MISSOURI

May 10, 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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EC005206E

PART I - STATISTICAL DATA

OE 4381 (REV 2/67)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION
WASHINGTON D.C. 20202

BUDGET BUREAU NO. 51-R600
APPROVAL EXPIRES 6/30/68

ESEA TITLE III STATISTICAL DATA

Elementary and Secondary Education Act of 1965 (P.L. 89-10)

	PROJECT NUMBER	VENDOR CODE	COUNTY CODE	REGION CODE	STATE ALLOTMENT
THIS SPACE FOR U.S.O.E. USE ONLY →					

SECTION A - PROJECT INFORMATION

1. REASON FOR SUBMISSION OF THIS FORM *(Check one)*

A ☐ INITIAL APPLICATION FOR TITLE III GRANT
B ☐ RESUBMISSION
C ☐ APPLICATION FOR CONTINUATION GRANT
D ☒ END OF BUDGET PERIOD REPORT

2. IN ALL CASES EXCEPT INITIAL APPLICATION, GIVE OE ASSIGNED PROJECT NUMBER

OE 66-1320

3. MAJOR DESCRIPTION OF PROJECT: *(Check one only)*

A ☐ INNOVATIVE
B ☐ EXEMPLARY
C ☐ ADAPTIVE

4. TYPE(S) OF ACTIVITY *(Check one or more)*

A ☐ PLANNING OF PROGRAM
B ☐ PLANNING OF CONSTRUCTION
C ☐ CONDUCTING PILOT ACTIVITIES
D ☐ OPERATION OF PROGRAM
E ☐ CONSTRUCTING
F ☐ REMODELING

5. PROJECT TITLE *(5 Words or Less)*

6. BRIEFLY SUMMARIZE THE PURPOSE OF THE PROPOSED PROJECT AND GIVE THE ITEM NUMBER OF THE AREA OF MAJOR EMPHASIS AS LISTED IN SEC. 303, P.L. 89-10. *(See instructions)*

ITEM NUMBER ______

7. NAME OF APPLICANT *(Local Education Agency)*

8. ADDRESS *(Number, Street, City, State, Zip Code)*

9. NAME OF COUNTY

10. CONGRESSIONAL DISTRICT

11. NAME OF PROJECT DIRECTOR Ruby D. Long, Ed. D.	**12. ADDRESS** *(Number, Street, City, State, Zip Code)* 6651 Gravois Avenue St. Louis, Missouri 63116	**PHONE NUMBER** FL 3-9215 **AREA CODE** 314
13. NAME OF PERSON AUTHORIZED TO RECEIVE GRANT *(Please type)* William A. Kottmeyer, Ph. D.	**14. ADDRESS** *(Number, Street, City, State, Zip Code)* 911 Locust Street St. Louis, Missouri 63101	**PHONE NUMBER** CE 1-3720 **AREA CODE** 314

15. POSITION OR TITLE

Superintendent of Schools

SIGNATURE OF PERSON AUTHORIZED TO RECEIVE GRANT Wm. Kottmeyer	**DATE SUBMITTED** May 10, 1968

SECTION A – Continued

16. LIST THE NUMBER OF EACH CONGRESSIONAL DISTRICT SERVED 2, 3	17A. TOTAL NUMBER OF COUNTIES SERVED ______ B. TOTAL NUMBER OF LEA'S SERVED ______ C. TOTAL ESTIMATED POPULATION IN GEOGRAPHIC AREA SERVED 250,000	18. LATEST AVERAGE PER PUPIL ADA EXPENDITURE OF LOCAL EDUCATION AGENCIES SERVED $ 536.06

SECTION B – TITLE III BUDGET SUMMARY FOR PROJECT (Include amount from item 2c below)

1.		PREVIOUS OE GRANT NUMBER	BEGINNING DATE *(Month, Year)*	ENDING DATE *(Month, Year)*	FUNDS REQUESTED
A.	Initial Application or Resubmission				$
B.	Application for First Continuation Grant				$
C.	Application for Second Continuation Grant				$
D.	Total Title III Funds				$
E.	End of Budget Period Report	OEG3-6-661320-1844	6-13-66	1-10-68	

2. *Complete the following items only if this project includes construction, acquisition, remodeling, or leasing of facilities for which Title III funds are requested. Leave blank if not appropriate.*

A *Type of function (Check applicable boxes)*

1 ☐ REMODELING OF FACILITIES 2 ☐ LEASING OF FACILITIES 3 ☐ ACQUISITION OF FACILITIES

4 ☐ CONSTRUCTION OF FACILITIES 5 ☐ ACQUISITION OF BUILT-IN EQUIPMENT

B 1. TOTAL SQUARE FEET IN THE PROPOSED FACILITY ______

2. TOTAL SQUARE FEET IN THE FACILITY TO BE USED FOR TITLE III PROGRAMS ______

C AMOUNT OF TITLE III FUNDS REQUESTED FOR FACILITY $______

SECTION C – SCHOOL ENROLLMENT, PROJECT PARTICIPATION DATA AND STAFF MEMBERS ENGAGED

1.			PRE-KINDERGARTEN	KINDERGARTEN	GRADES 1 - 6	GRADES 7 - 12	ADULT	OTHER	TOTALS	STAFF MEMBERS ENGAGE IN IN-SERVICE TRAINING FOR PROJECT
A	School Enrollment in Geographic Area Served	(1) Public		1105	4876	8586			14567	
		(2) Non-public		323	4578	5182			10083	
B	Persons Served by Project	(1) Public			198				198	16
		(2) Non-public			7				7	
		(3) Not Enrolled			5			528	533	
C	Additional Persons Needing Service	(1) Public		110	488	859			1457	
		(2) Non-public		32	458	518			1008	
		(3) Not Enrolled								

2.	TOTAL NUMBER OF PARTICIPANTS BY RACE *(Applicable to figures given in item 1B above)*	WHITE	NEGRO	AMERICAN INDIAN	OTHER NON-WHITE	TOTAL
		671	67			738

SECTION C - continued

3. RURAL/URBAN DISTRIBUTION OF PARTICIPANTS SERVED OR TO BE SERVED BY PROJECT

PARTICIPANTS	RURAL		METROPOLITAN AREA		
	FARM	NON-FARM	CENTRAL-CITY	NON-CENTRAL CITY	OTHER URBAN
PERCENT OF TOTAL NUMBER SERVED			8%	92%	

SECTION D - PERSONNEL FOR ADMINISTRATION AND IMPLEMENTATION OF PROJECT

1. PERSONNEL PAID BY TITLE III FUNDS

TYPE OF PAID PERSONNEL	REGULAR STAFF ASSIGNED TO PROJECT			NEW STAFF HIRED FOR PROJECT		
	FULL-TIME 1	PART-TIME 2	FULL-TIME EQUIVALENT 3	FULL-TIME 4	PART-TIME 5	FULL-TIME EQUIVALENT 6
A. ADMINISTRATION/ SUPERVISION	1		1.0	5		5.0
B. TEACHER:						
(1) PRE-KINDERGARTEN						
(2) KINDERGARTEN						
(3) GRADES 1-6	1		1.0	11		11.0
(4) GRADES 7-12						
(5) OTHER						
C. PUPIL PERSONNEL SERVICES	2		2.0	2	5	5.2
D. OTHER PROFESSIONAL					3	1.1
E. ALL NON-PROFSSIONAL	1		1.0	9	2	10.0
F. FOR ALL CONSULTANTS PAID BY TITLE III FUNDS →	(1.) TOTAL NUMBER RETAINED 9			(2.) TOTAL CALENDAR DAYS RETAINED 85		

2 PERSONNEL NOT PAID BY TITLE III FUNDS

TYPE OF UNPAID PERSONNEL	REGULAR STAFF ASSIGNED TO PROJECT			NEW STAFF HIRED FOR PROJECT		
	FULL-TIME 1	PART-TIME 2	FULL-TIME EQUIVALENT 3	FULL-TIME 4	PART-TIME 5	FULL-TIME EQUIVALENT 6
A. ADMINISTRATION/ SUPERVISION		5	1.0			
B. TEACHER:						
(1) PRE-KINDERGARTEN						
(2) KINDERGARTEN						
(3) GRADES 1 TO 6						
(4) GRADES 7-12						
(5) OTHER						
C. PUPIL PERSONNEL SERVICES						
D. OTHER PROFESSIONAL						
E. ALL NON-PROFESSIONAL						
F. FOR ALL CONSULTANTS NOT PAID BY TITLE III FUNDS →	(1.) TOTAL NUMBER RETAINED			(2.) TOTAL CALENDAR DAYS RETAINED		

SECTION E - NUMBER OF PERSONS SERVED OR TO BE SERVED AND ESTIMATED COST DISTRIBUTION

	MAJOR PROGRAM OR SERVICES	TOTAL NUMBER SERVED OR TO BE SERVED						NONPUBLIC SCHOOL PUPILS INCLUDED (7)	ESTIMATE COST (8)
		PRE-K (1)	K (2)	1-6 (3)	7-12 (4)	ADULT (5)	OTHER (6)		
1.	EVALUATIVE PROGRAMS								
A	Deficiency Survey (Area Needs)								
B	Curriculum Requirements Study (Including Planning for Future Need)								
C	Resource Availability and Utilization Studies								
2.	INSTRUCTION AND/OR ENRICHMENT								
A	Arts (Music, Theater, Graphics, Etc.)								
B	Foreign Languages								
C	Language Arts (English Improvement)								
D	Remedial Reading								
E	Mathematics								
F	Science								
G	Social Studies/Humanities								
H	Physical Fitness/Recreation								
I	Vocational/Industrial Arts								
J	Special-Physically Handicapped								
K	Special-Mentally Retarded								
L	Special-Disturbed (Incl. Delinquent)								
M	Special-Dropout								
N	Special-Minority Groups								
3.	INSTRUCTION ADDENDA								
A	Educational TV/Radio								
B	Audio-Visual Aids								
C	Demonstration/Learning Centers								
D	Library Facilities								
E	Material and/or Service Centers								
F	Data Processing								
4.	PERSONAL SERVICES								
A	Medical/Dental								
B	Social/Psychological								
5.	OTHER								

The diversity of services offered by the project make it extremely difficult to allocate numbers served according to program emphasis as listed in section E. Likewise, cost estimates on the same basis are also difficult to establish. For example, only 64 pupils are enrolled at any one time in the special classes. However, many more children than these receive instructional aid. Some are seen diagnostically and remain in regular classes. Service to the latter varies according to pupil disability and competency level of home school resources. Sometimes minor suggestions for modification of the school program in consultation with the home school teacher is all that is necessary. At other times detailed prescriptions for behavior and educational change are needed. In a like manner staff personnel serve in a variety of roles. For example, a psychologist may diagnostically test and evaluate pupils, conduct an inservice program of teacher education, participate in parent discussion groups; engage in public relations work by giving information about the project to interested civic groups, or do a host of other things appropriate to the needs of the Project at a given time. On the other hand, a social worker or guidance counselor may function equally well in some of these same areas. The financial report accurately reflects expenditures by budget classifications.

PART II - NARRATIVE

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PART II - NARRATIVE

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I. INTRODUCTION

The Diagnostic and Adjustment Center pilot project was funded under an ESEA, Title III grant, in June of 1966. It has operated as a pilot project to provide educational, psychological and social services for elementary school children with learning disabilities who have not responded to conventional school practices. This group includes children who are educationally retarded, emotionally disturbed, and socially maladjusted. Disruptive children have become a major problem for the urban school. These children, usually far behind in the mastery of the basic skills required for even modest success in school, provide the classroom teacher with considerable difficulty. Many are verbally aggressive; many are given to physical aggression. They tend to interrupt their classes by consistently talking out of turn, frequently leaving their seats, provoking those seated near them and having tantrums.

The St. Louis Public Schools are no exception. From time to time teachers and principals have indicated that such problems were becoming so prevalent in their schools that the educational process was beginning to suffer appreciably. The time and the energy of the classroom teacher was being absorbed by these children in ever increasing quantities. Since the time and energy of the most dedicated teacher is finite, and indeed already heavily taxed by overcrowded classes, that which is devoted to the management of such children is diverted from other aspects of teaching. As a result, the education of the entire class is reduced in quality.

Furthermore, it is clear that substantial numbers of these disruptive children for whom the system has responsibility are, for practical purposes, receiving virtually no education at all. Not a few are removed from school for long periods of time while still in elementary school. The cost of such a state of affairs is obviously large in economic terms alone; the cost in human terms is incalculable.

In addition to disruptive children there are numbers of those who have mentally and emotionally withdrawn from the classroom. Such pupils, while not causing behavioral problems for the teacher, are achieving at a considerable rate below their potential. For these individuals, a sympathetic learning environment is as critical as it is for the disruptive child.

It is frequently concluded that a majority, if not all, of such troublesome children are suffering from psychiatric illnesses which must be cured before the school can hope to educate them. As such, they are seen as medical problems not educational ones. However, there is a growing body of evidence which suggests that this conceptualization of the matter is much too narrow. In fact, it appears that a considerable amount of the untoward behavior which these children emit, is a response to the extreme difficulty which they have in meeting the academic demands which the school makes of them. Some of these children are unable to perform academically as the school expects because of perceptual problems which make it virtually impossible to do such things as decipher the teacher's instructions or discriminate among "q, b, d," and "p". Such children often become convinced that school will always be for them a place of frustration, failure, and humiliation. Given this assumption, it is not surprising that these children react to school as they do and that they seek confirmation of their personal importance in other less respectable pursuits.

The prime objective of the pilot phase of the Diagnostic and Adjustment Center was the development of a facility within the school system which would enable it to deal more effectively with the burgeoning number of children whose disruptive behavior and special learning problems are major obstacles to their education and to that of their classmates. An interdisciplinary approach was used to render diagnostic and evaluation services, to restructure the educational environment and to provide inservice training related to teaching emotionally disturbed children. Three major types of activities were implemented to achieve these objectives. First, the project staff provided social, psychological and educational diagnoses and planned individual remediation programs to meet pupil needs. Secondly, a number of special classes were established in order to explore the efficacy of such an approach with children no longer considered to be educable, or indeed, in many cases, even manageable within the regular classroom. Thirdly, the staff implemented a consultation program to help teachers in conventional classrooms recognize incipient difficulties at the earliest possible time and to mobilize the many resources available within that setting to prevent their fruition.

II. PUPIL DIAGNOSTIC SERVICES

The extensive diagnostic services of the project are basic to both the special and regular class consultation plans. Either situation requires the reconstruction of an environment and the development of a teaching strategy to meet the needs of those children of whom teachers have despaired. Such approaches must be clearly and carefully planned, utilizing all relevant pupil data. It is the function of the project diagnostic staff to compile these data and to develop with teachers an appropriate instructional program for each child.

The diagnostic services which the project staff provides include the major disciplines of social work, psychology, psychiatry, guidance and education. (See Appendix A for an outline of intake and illustrative case histories.) In addition to the regular project staff, specialists in other areas such as pediatrics and neurology are consulted. The project also utilizes special services of the school system such as the Special Education Department and the Division of Pupil Personnel.

Referrals. Diagnostic services for a student begin with a referral from a public or parochial school located within the selected project area. Thirteen public schools are included. Any parochial school within the geographic boundaries of these public schools are also eligible for service. School principals initiate the referral. The process usually begins with a classroom teacher requesting assistance for children with atypical educational and/or behavioral problems. In making a referral the principal transmits an application for evaluation form (Appendix B) and processing begins with Center social work services.

Collection of pupil data. Regular school personnel provide much important and pertinent student data including a compilation of past history. In addition to this information the project staff collects additional pupil and parent data.

Social work services compile a case history utilizing information reported from other sources and collected in personal interview. To facilitate this process a variety of standard forms are used for securing additional information, for acknowledging receipt of information, and for scheduling tests and interviews. (Appendix B).

Psychological diagnostic services include testing and observation of pupil behavior to determine intellectual functioning, personality dynamics, and other assessments particularly pertinent to learning disabilities, such as perceptual and/or motor deficits. Test batteries administered vary slightly according to clinical judgments of their usefulness to specific cases. (See Appendix B for notations on several tests in use.)

Educational diagnosis begins with visual and auditory screening and uses the regular St. Louis Public School Reading Clinic procedures, which include the Keystone Telebinocular and Maico Audiometer tests. Other diagnostic tests vary according to chronological age, suspected learning disability, and information already a part of the regular school cumulative file.

The regular schools use a rather specific rating form of basic skill achievement levels, which is included in the application referral process. (Appendix B). In addition, some children have attended the Reading Clinics of the school system, and for them a much more thorough evaluation of strengths and weaknesses in basic language art skills is available. The intent of this diagnostic work is more than a simple determination of school achievement. The composition of the test battery varies with the case, but the clinicians are aware that the diagnostic process always must include an analysis of specific deficiencies and gradual refining of a basic global fund of pupil information. (See Appendix B for specific comment on the educational testing program.) This refined diagnostic process becomes the nucleus of the prescriptive teaching program which simply reverses the process. In this case, the teacher begins with quite narrow basic skills or ideas and gradually expands to new skills as deviant patterns are remediated.

Guidance and counseling services conduct diagnostic interviews with children to elicit information that contributes to refinement of the total diagnostic process. An evaluation is made of the child's perception of self and his environment. (See Appendix B for a listing of tests and sample of interview forms used in the procedure.) If placement in a special class is recommended, careful preparation of the child for this change is the responsibility of the guidance and counseling staff.

Diagnostic evaluation. Following the complete diagnosis of a student, an evaluation conference is held. Each discipline reports specific findings and recommendations; and personnel from the referring school, such as the teacher, principal, and social worker participate in this conference. All resources are considered and the end product of the staffing is the best possible prescriptive plan to minimize a student's deficiencies, to alleviate his stresses, and to encourage development of his greatest potential. If it is concluded that a student cannot be contained in a regular classroom situation, he is placed in a special class. The teacher in a regular classroom obviously has neither the amount of time which the special class teacher can invest in an individual student nor the flexibility of circumstances which a special class affords. Therefore, the teaching plan formulated for a child continuing in a regular class is necessarily somewhat different from that of the special class child. In either case, a prescriptive (Peters, 1965) educational plan is not easily formulated.

If there is need for direct supportive services to a child remaining in the regular class or for consultive help for his teacher, the project staff makes specific recommendations to this effect. After consultation about the diagnostic staffing prescription with the principal and teacher of the referring school, recommended follow-up service begins. They continue until the regular school and Diagnostic Center staff mutually agree they are no longer needed. The pattern and intensity of this work depends on a child's need, existing regular school resources, and the continuing evaluation of the situation.

Parents receive information concerning the results of a diagnostic conference and the effect a remedial program will ultimately have on a youngster and his family. The Center social worker assigned to the case holds an initial conference with parents of all children referred. If the child is assigned to a special class, social work service from the Center continues. If the youngster is kept in regular classes, social work services are provided by the Division of Pupil Personnel.

Communication between school personnel directly involved with children on a day-to-day basis and other professionals concerned with ancillary assistance traditionally has consisted of the latter doing little more than re-defining school problems in terms endemic to their specialties but foreign to education. What is more, there has been characteristically little effort to spell out the educational implications of the diagnostic studies carried out at the request of the school (Magary, 1965). Reports are most often couched in theoretical constructs which are generally irrelevant to the practical dealings which teachers have with the children in the classroom (Charney, 1957).

In contrast, the Center diagnostic staff directs its efforts not only to the identification of the pathogenic factors in an individual child's life, but also to the careful specification of the pedagogical implications of its findings. After making a thorough assessment of the possible sources of the learning difficulty plaguing a given child, there is an attempt to work out specific steps which may be used in the classroom to enhance the possibility of learning for him. In each case, attention focuses on the relationship of the teacher's various techniques and behaviors to the strengths and weaknesses peculiar to the child. No one special magical power of method or technique is claimed. Rather the total instructional treatment, is offered as support for the hypothesis that these children are within "normal" limits and will find it possible to function as such, provided they receive intensive training in the deficit areas of personal, social, and academic skills in an environment best suited to support their inadequacies.

The essential questions remain however: How well has all of this worked? What kind of success has the project had in achieving the goals that it set for itself? The following sections are addressed directly to these issues.

III. PROJECT ACTIVITIES

The diagnostic teams. To facilitate diagnosis, two diagnostic teams were formed. It proved to be no simple task to forge such groups of professionals into functional units. There were several major difficulties to overcome. First, the team members were, in many cases, extremely uncertain as to what their role in the team should be vis-a-vis others whose qualifications were unclear to them. For instance, the social workers and guidance counselors had some problem in determining how they could define their respective roles to prevent duplicate services.

Secondly, (and this may well be the most important issue in the final analysis), there was the necessity of working out a conflict between what might be termed "psychiatric" and "educational" points of view. A number of valuable members of the team were trained in settings that were medical or quasi-medical in nature. Indeed, the inclusion of social workers and clinical psychologists on the team was to guarantee that persons with this sort of background would be included, since their skills were deemed to be of major importance to the project. However, the Center's mandate was clearly not that of becoming a child guidance clinic. Further, the assumption was that while the orthodox psychiatric approaches have something of value to offer, the "further proliferation of mental health facilities or interventions based upon the mental health clinic approach is not only insufficient but possibly inappropriate for a significant sample of youngsters recognized as maladaptive at school" (Rubin, Simson & Betwee, 1966, p. 28). This assumption gives rise to different status hierarchies and sets of priorities than are to be found in the psychiatric clinics. It has, then, taken some time and no little effort to assimilate the assumption.

On the other hand, the Center enlisted a number of very capable persons from orthodox settings. It was necessary for them also to adjust their thinking. They had to move from a rather rigid insistence on decorum and order, and from a primary focus on academic achievement and objective norms, to a slightly more permissive and accepting orientation which looks for causal chains underlying objectionable behavior. In sum, a new set of suppositions and perspectives emerged from the interaction of two somewhat divergent modes of thinking about and responding to difficult children. The creation of this more effective synthesis was, of course, not easily accomplished, but by the last half of the academic year 1966-67 significant progress had been made, and the teams were functioning quite effectively.

Consultation program: services to teachers in the regular classroom. As originally conceived, the Center was to direct part of its efforts toward the teacher in the regular classroom, particularly toward the teacher in the first several grades. It was hoped that teachers might be trained to identify students who were presently manageable in the normal school setting, but whose mounting estrangement from the educational process foretold future difficulties. Once such a child had been identified, the diagnostic team would work with the teacher in the formulation of an educational program for him. Since intervention would come at a very early point in the child's educational career, it seemed possible that the team would be able to develop a "prescription" which would involve only relatively minor modifications in the teacher's customary classroom behavior.

There are numerous indications that such an approach is a most reasonable one. Mok (1959), for example, showed that with some limited contact with mental health concepts, teachers could identify children with disturbances quite accurately. Similarly, Fitzsimmons (1958) conducted a follow-up study of children referred by teachers for help some fifteen to eighteen years previously and found that their judgments possessed a good deal of accuracy. In the same vein, Stringer and Glidewell (1965) found, in a retrospective study of 438 children referred for psychological attention, "that sixty-one per cent of them could have been referred on the basis of evidence contained in their school records, from one to eight years before they were referred" (p. 26). Not only were the assumptions concerning the ability of teachers to identify children with difficulties whether concurrent or incipient apparently well-taken, but further those concerning the possibility of using relatively minor modifications to the classroom teacher's approach appear to be equally well-founded and of significant assistance to a potentially troubled student.

The assumption in the latter case was not, of course, that the teacher would function as an amateur psychotherapist or counselor, trying to get at the "traumatic underpinnings" of the problem. Rather it was assumed that it is possible to effect considerable change in a child by means of shifts of emphasis within the teacher's generally accepted role. There is also a good bit of support for this assumption. For instance, the work of Baer and Lindsley at the University of Kansas, in particular, illustrated how the systematic application of behaviors within the conventional repertoire of the teacher, e.g., attending, smiling, touching, etc., can make them powerful agents for the modification of maladaptive behavior in the classroom. Of perhaps even greater interest is the support that comes from a study reported after the present project had been initiated. The study is that of Sarason, Levine, Goldenberg, Cherlin & Bennett (1966). These investigators steadfastly resisted the pressure of the schools with whom they worked to take troublesome kids off somewhere for testing and therapy. Instead they made the conventional classroom the main arena. Their principal tools became the careful observation of the child in the classroom and the use of the many options and resources that the school has readily at hand.

The teacher and the psychologist functioned as collaborators. The former dealt with the child and the latter helped him develop a plan for the child's educational management. Although a carefully controlled, large-scale evaluation of this undertaking is yet to be made, the present report lends a good deal of credence to the original assumption of the Diagnostic and Adjustment Center.

However, the Center has not been able to fully exploit this very promising avenue. A major reason for this limitation was the intensity of the need within the system for special classes. Indeed, the bulk of the referrals made to the Center during the first year of operation were for children whom the teacher (and often the principal) felt he could tolerate no more. It soon became clear that until these children were accommodated, there was little question of engaging the teacher or the rest of the school staff, in a collaborative attempt to assist a child whose overt symptomatology was less fully developed and whose alienation from school was, therefore, as yet incomplete.

The task of establishing special classes for extremely disruptive children within the framework of the conventional school system proved to be difficult indeed. It soon became apparent that it was crucial for the classes to receive continuous intensive support from the diagnostic teams. Lacking support of this nature, they could rapidly begin to exert a most untoward influence on a substantial portion of the students. Consequently, the bulk of the teams' time and energy was absorbed by the problem of the special classes.

Cooperative school services. One of the organizational tasks of the first year was the establishment of procedures which would enable the project to make maximum use of the services of the Division of Pupil Personnel. The St. Louis Public Schools' Division of Pupil Personnel in previous years has carried responsibility, virtually single-handed, for attempting to help educators in the city cope with the deviant behavior of students. To utilize the strengths of the project staff and the Division's social work and psychological services, procedures were established for effecting a productive relationship between the two agencies.

For example, the Center's social work staff members participate in all Division of Pupil Personnel Services' meetings and activities and serve on joint committees. (Appendix C). The Assistant Superintendent in charge of this Division acts as an advisor to the Center on all social work policy. The Center's guidance counselors are integrated into the general structure of the Division of Pupil Personnel Services, attend its meetings and use its procedural regulations. (See Appendix C for a report on an interschool Guidance Workshop conducted by Center Personnel in collaboration with the regular school services.) Likewise, the Center's psychologists have enlisted the considerable abilities of the regular school psychologist for a number of crucial Center enterprises. The project has also established a mutually beneficial flow of diagnostic information between the Center and the Division of Pupil Personnel. The Division and the Center have pooled their resources to inaugurate a year-long workshop on testing and the early identification of children whose developmental problems are likely to estrange them progressively from the school. (Appendix C). The results of the foregoing have been encouraging indeed.

In an effort to broaden the consultation program and serve a greater number of children more quickly, a "brief service" referral procedure was recently adopted on a trial basis. Again, referrals must come from the principals of home schools. The subjects are those children who present problems for regular school management, but who are not judged by the home school faculty as being likely to need special class placement.

The responsibility for this function is that of psychological services. However, other disciplines at the Center participate in this service if requested to do so. In these cases, all activity takes place at the home school. (See Appendix D for a brief service procedure and typical case report.) Occasionally, such a referral is transferred to regular type service for fuller diagnostic treatment. Thus far, it is apparently considered to be an appropriate and effective Diagnostic Center function.

Although the consultation program has had to work out several problems, the project has solved the bulk of difficulties confronting its implementation. Important steps are now under way toward providing services through regular classroom teachers for the child with incipient difficulties. The large number of tasks associated with establishment of the special classes during the first year severely limited the numbers of children involved with the consultation service. Therefore, a controlled evaluation of its impact on the children was not possible. As this program establishes itself, an evaluation will be implemented to assess pupil and teacher changes.

Special class services. Even in a special class limited to an enrollment of eight, the problems are immense and needs are overwhelming. Although the students share certain gross similarities, e.g., all being several grades retarded in achievement, their specific needs are generally quite diverse. In addition, there is the constant threat of "group contagion" (Redl and Wineman, 1951). That is, the weakness of each child in the special class tends to elicit, to sustain, and to be itself nurtured by that in each of the others. Consequently, it is no easy accomplishment to make such an enterprise a profitable one. It requires a most sophisticated and detailed conception of the task and of the possible courses of action. Diagnostic personnel are grouped into two teams for the purpose of making an initial diagnosis, which includes writing a tentative educational "prescription" (Peters, 1965) for all children recommended for Adjustment Class placement. This same team provides continuous evaluation of the on-going educational plan. Principals of schools referring disturbed children recommended for special class placement participate in team meeting decisions focusing on pupils whom they have referred. Special class teachers to whom pupils are assigned are an integral part of the team diagnostic sessions. They are not talked at by professionals who offer glib advice and then disappear into more sheltered environments. Rather, team colleagues confront each other with concrete problems and expect concrete suggestions for solutions. If a given plan of action does not function as predicted, teachers have ample opportunity to bring this fact to the attention of other team members and to request additional assistance. In this arrangement the entire team shares responsibility for the success or failure of the student.

The instructional program. The initial analysis of the academic needs of the children is supplemented by setting up learning situations in which pupils have an opportunity to demonstrate their respective strengths and weaknesses as related to school subjects. The staff interprets such responses in the light of a developmental scale. Decisions are made concerning the readiness of respective children for peculiar activities considered essential in a sound educational program.

Four important conditions for learning are recognized in planning the daily program: (1) the needs and readiness of the learner, (2) the situation providing things to which the learner is expected to respond, (3) the activities provided and interpretation of reaction to them, and (4) the consequences of success or failure.

Three kinds of changes are looked for in a child: (1) cognitive, (2) motivational, and (3) behavioral. First, he comes to realize that a change is necessary; secondly, he feels its desirability; and third, he alters his behavior. Since most actions are established habit and a new goal is reached only after successive approximations toward it, the environment of the room might be described as accepting, yet stimulating. It is vital that each youngster feels valued and essential to the group as a whole. He must notice, get interested in, and really want something that calls for learning. At this point, a situation is structured which allows the child to engage in purposeful activity, directed toward his personal goal, which will bring to him satisfying results.

The first teaching task is to help the children individually and as a group to recognize needs. The following objectives seek: to encourage the adoption of right attitudes and values; to help pupils enjoy good feelings while learning acceptable ways to handle inevitable frustrations and conflicts; to develop worthy self-concepts; to "like" themselves; and finally, to begin to use what they learn as they move toward mastery of the goals set in the educational program.

The instructional program follows generally a regular elementary school curriculum with a high priority on communication skills. Often, behavioral control has precedence over a school subject. However, to perfect social adjustment without accompanying attention to learning problems is not wise since the children will eventually have to demonstrate competency in the academic areas. Teachers have used a variety of instructional materials both commercial and "home-made." An evaluation of them is in process and curriculum will be prepared early in 1968-69. In addition to materials, other factors important in the learning atmosphere have been mutual insight by teacher and pupils, opportunities to solve problems, and an appreciation of the difficulty of the necessary changes.

The instructional program has approached the learning process in four ways. Learning as an associative process involves the similarity or contrast of new experiences with previous ones. Teachers have structured the daily programs of the pupils so that activities are closely related to the pupils' experiential background. When the reinforcement process of learning is used, the following situation exists in most classrooms. As a child moves toward the goal that is considered desirable, much praise is given. This is a positive type of reward because of the relationship which exists between teacher and student. If the child fails to move in the right direction, a mild negative reaction is given. Research has demonstrated that praise and positive reinforcement is a better stimulus than a negative approach. It is hoped that this treatment with its emphasis on positive reinforcement will lead the child into the perceptual process of learning. This third process involves a change in the way he looks at his environment. When satisfaction is withheld because the response is not a desired one and the pupil's goal is temporarily blocked, the student has to find an alternate path which is hopefully the preferred one. Last, but most important, it is hoped that the child will begin to use a fourth learning process through which he begins to see relationships and to form insights into his own actions.

Generally, the type of teaching procedure that is followed consists of (1) analysis of the problem on the basis of information and observation, (2) establishing appropriate goals, (3) selecting essential activities, (4) deciding on a time and manner of presentation, and (5) evaluating the end result. This procedure adds up to either successful learning or the discovery of some heretoford unknown factor which prohibited reaching the set goal. If the latter is true, then adjustments are made and the whole design repeats itself.

Special class activities. Although eight special classes are presently operating, only six were formed prior to September 1967. Children referred to the Center as uneducable within the normal classroom make up these classes. (Two other rooms were established in September 1967.) They will be discussed separately since their teachers use a unique reinforcement process of learning. The maximum size for any class is eight. Grouping is based on age, physical development, and the treatment plan developed by the diagnostic team for each child.

In line with findings of a growing number of investigators, e.g., Haring and Phillips (1962); Popenoe (1965); Whelan (1964), the classes have a highly structured format. A relatively detailed education program is developed[1] for each child according to his special needs.

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[1] These plans are under constant review by the diagnostic teams and are continuously modified in terms of the pupil's results. The diagnostic process itself is described more fully in Appendix A.

He receives an organized sequence of tasks and materials designed to meet his particular academic deficits and emotional needs. The class is carefully structured to help the students in it impose some sort of order on their otherwise often chaotic worlds.

Indeed, it appears that "disorganization, withdrawal, dirorientation, and confusion" are at the crux of the difficulty which large numbers of these children experience both in school and in other areas of their lives (Fenichel, 1966, p. 10). The teachers in the special classes recognize that basic perceptual-motor development is requisite to the development of academic skills. Also, they are concerned with the provision of an environment conducive to improvement of social and living skills.

The former is sought by means of an intensive analysis of the child's perceptual-motor development and cognitive style (Kephart, 1960; McCarthy and Kirk, 1961) and the application of remedial procedures directly related to the existing deficits.

The latter objective is pursued, in part, by means of keeping the "relationship between behavior and its consequences" as unambiguous as possible (Haring and Phillips, 1962, p. 9). Teaching aides, counselors, psychologists, and social workers are available to assist the teacher in dealing with behavioral modification of pupils. "Life-space interviewing" (Redl, 1966) is one technique that is employed. Life-space interviews allow a child to gain something from an otherwise unfortunate experience. They also provide an opportunity for him to regain a sense of positive relationships with others in the school and to understand better the connection between his behavior and certain consequences.

Progress toward both academic and behavioral goals is facilitated by making the classroom both a place of warmth and understanding, and a place with a "definite and dependable routine" (Haring and Phillips, 1962, p. 9), including a firm but flexible and comprehensive set of expectations and contingencies.

In order to help the children deal more adequately with academic tasks and to bring more order to their learning environment, an effort is made to reduce the ambient stimulation in the rooms. Classroom floors are either carpeted or of cork composition. Three-sided cubicles are used for individual study. Instructional materials not in use are kept out of sight. Consequently, the "richness" of the surroundings has been substantially decreased and there is much distraction to compete with the concentration necessary for effective learning.

A description of a morning in one of these classes follows: The room is a large one, which can accomodate comfortably thirty-five children. There are only eight children in this class, but there is little feeling of superfluous space because the instructional environment allows considerable pupil movement in the room. Along the window side there is a row of 3-sided wooden booths approximately 4½ feet tall, each accommodates a single desk and serves as working space for individual assignment. When pupils use these booths classmates, equipment, and room activities, are out of sight. There is relatively little noise because it is absorbed effectively by the carpeting which covers the entire floor.

This room houses one of the Diagnostic Center's special classes. The following paragraphs are intended to introduce students it serves:

Mickey is a husky $11\frac{1}{2}$ year old boy. His face falls naturally into a somewhat perplexed and often slightly petulant expression. He believes that he looks retarded. Contrawise, his intelligence as measured by the WISC is estimated to be average or slightly below. Mickey finds little worth in himself. He regards himself as "stupid, dumb, and tongue-tied." This conviction is easy to understand. He repeated first grade, is overweight, has high blood pressure and insomnia. He was not able to express himself using a combination of words until four years of age. Enuresis continued to age 10. At that time he was educationally retarded two grades. Behavioral manifestations included stealing andpersonal attacks on smaller children. His feelings of inadequacy became so great in school that he often left his work and sought solitary refuge in the cloakroom.

Rickey is 12 years of age, but he could easily pass for an older child. He is a handsome boy and much larger than any others in the class. Classmates are clearly afraid of him. Intelligence test scores placed him in the average group. At the time he was referred to the Center he had a long history of school problems. Teacher complaints included being constantly out of his seat, poking girls with pencils, and general disruption. He had been suspended several times. Nothing was effective in curbing anti-social behavior at school and he was finally expelled.

Lenny is a 10 year old with at least average intellectual ability. At the time he entered the class he was two full grades retarded in reading and even more in arithmetic. He was inattentive to his studies and demonstrated anti-social behavior by lying and aggressive physical attacks on other children.

Sam is 11. At referral he was virtually uncontrollable in the classroom due to extreme restlessness. He was described by teachers as loud, sassy, having a very violent temper, having no chums, the last chosen for games, and very nervous. When he came to the Center he was a grade and one-half retarded in both reading and arithmetic.

Joey is 11 but looks as if he were only nine. He is small and slight, has long brown hair that constantly falls into his eyes, and fairly bursts with energy. He inflicts a constant verbal barrage on all about him. His extensive mischievousness requires even closer supervision than other children. His problems have ranged from occasional bed-wetting to tantrums against impositions of authority. Although his intelligence test scores are those of a child with average ability, his level of achievement in reading and arithmetic are more than two years below that typical of children of like ability and chronological age.

Greg is 10 with a husky, athletic appearance. His parents are divorced and he lives with his grandparents. When he came to the Center, he was quite aggressive and very anxious, exhibiting a number of tics and other nervous mannerisms. He was retarded two levels in reading and one and one-half levels in arithmetic. His intelligence was within average limits.

Martin has a dark, thin face and a somewhat angular build. He is 10 and tall for his age. Martin's brother, his senior by some two years, is in a class for the gifted. On the other hand, Martin is retarded a year in academic achievement. He feels weak, incompetent, and tends to withdraw into solitary activities. His sub image does not permit recognition of even physical strengths. He continues to be overawed by Rickey, despite the fact that he emerged as a superior boxer in a controlled match between the two. It is as if he dare not believe any testimony that he has appreciable worth.

Dickey is 10 but much smaller than the average 10 year old. His teacher finds him timid and a lad who frequently retreats into a closet whenever he experiences pressure from classroom situations.

This Friday morning begins with a spelling test. The eight boys sit around a single work table at the side of the room away from the windows. They pay scant attention to the observer's far from unobtrusive entrance, nor to the fact that he sits close to them in order to watch their performance. Twenty-five words are to be spelled. Although the boys are close together, there is little interplay among them. The teacher, Mrs. A., a young, attractive woman is definitely in control of the classroom. She is firm, but clearly neither rigid nor punitive. Slight deviations from decorum bring no recriminations. Mrs. A. moves smoothly from child to child in anticipation of any considerable difficulty. The words come quickly. If a boy is inattentive and misses a word, he is not given a second chance. This group appears to be loathe to miss a word. It is not really what one would expect since these kids have a long history of being ostensibly unconcerned about school work. One factor in this close attention is the point system. They receive points for correct spelling of words and today is Friday -- pay day. The leading point-getter will be the "champ"; Mrs. A will buy him lunch at the neighborhood drug store. Others need points to attend swimming class at the Y in the afternoon.

When spelling is completed, the boys are set to work on their arithmetic in their individual cubicle offices. Mr. B, the teaching assistant, works with Sam according to a schedule of tutorials listed on the board. Mrs. A moves up and down the row of booths helping any who need her assistance. They all do, virtually, every trip. When Sam's tutorial session with Mr. B is finished, he works on a multiplication problem using the chalkboard. Both Mrs. A and Mr. B are constantly moving through the classroom. Mrs. A is called from the room briefly but the boys hardly notice the interruption. Martin, returning to his booth after having an arithmetic question answered, nudges Rickey with his foot in passing. Rickey looks up from his work, which he has been pursuing quite steadily for the first five minutes of this block of the morning. He frowns but returns to his book. Several minutes later he returns Martin's favor as he passes en route to seek help at the teacher's desk. Moments later Martin, in a mock serious manner, orders a classmate "to get busy." Everything is quiet for six minutes. Now Greg who is returning to his seat cannot resist gesturing humorously to two other boys. Eight minutes later Sam playfully kicks the screen of the ventilation duct which runs into the cloakroom where tutoring is conducted. Mr. B momentarily has been called away from the tutoring space. Mickey, who is being tutored, leaves his desk and peers out at Sam, the kicker. Mr. B suddenly returns to surprise both boys and Sam hastily remonstrates against Mickey.

As one reads this chronicle of the thirty minute arithmetic class period, the first impression may be that continual disturbance occurred. This impression is more an artifact of the report than an accurate notion of the actual situation. The foregoing is essentially an account of the horseplay that transpired during a half hour when the normal supervision of the teacher and her assistant was interrupted. What occurred was in a somewhat more subdued key than that found in many regular classrooms when the teacher leaves the room. At no time were more than two boys involved, and the majority of the others were simultaneously at work. Each incident was quite well encapsulated and the excitement of the group was not appreciably heightened by the distraction. The boys involved went back to their work at the end of momentary horseplay.

The class is now gathered about the work table, each with a geography text in hand. The reading goes well. All are anxious to read and undesirable acts quickly disappear when reading becomes contingent on acceptable social behavior. Each boy contributes to active discussion of the main issues of the lesson. Next the class moves to the language exercises. Participation remains good through the rest of the half-hour session which leads into free time.

Several of the boys get a table game from the storage cabinet; others play checkers on the floor. Sam is reading a book, Martin and Greg are working on a puzzle. A mock fight breaks out between Joey and Dickey. It is quickly terminated by Mrs. A without incident.

The ten or so minutes of free time are followed by recess. The line forms rapidly at the door and an account of each boy's point total is given.

After recess, the class begins work on a science test covering this week's work. The boys work in their booths with Mr. B supervising, moving constantly to answer questions. At the same time, Mrs. A prepares art materials and places them on the work table. The science test covers the moon, gravity and Isaac Newton. All boys are requesting assistance. When Mr. B arrives Joey protests that he has been holding his hand up for 5 minutes and now he really doesn't need Mr. B since he has solved the problem himself. Some boys complete the science tests more quickly than others and move on to art which they all enjoy. Those left do not seem to rush but one by one complete their tests, deposit them on the teacher's desk and move to the art table.

The boys work at art projects with great enthusiasm. There is a good deal of discussion among them as they work; much of it is semi-aggressive in character. At no time does the exchange really lose its jocular quality nor does it lead to physical outbursts.

After the science test was completed, there were many queries concerning results. As the art period ends, Mr. B announces the scores and the final point standings for the week. Greg is the winner. He is beside himself with joy. "I'm so happy! It's the first time I ever won a contest." The others are generally impressed with their own point totals. They are higher than last week and all may go swimming. The single exception to this jovial mood is Lenny who is sobbing with his head on the table. Lenny had won before and had expected to do so today. He had not brought a lunch since he was convinced that the teacher would be buying it for him because of his victory. He had missed first place by the narrowest of margins.

The other boys try, in sequence, to comfort him. Their natural impulses are to ease his disappointment, but soon the children become self-conscious and withdraw somewhat hastily. As the lunch line forms, a place is made for Lenny and some impromptu arrangements are made by the boys to provide food for him.

As the day wears on and the boys become fatigued, they exhibit less control. The afternoons tend to be more difficult in this class. Because of this factor, these special classes are dismissed 45 minutes earlier than regular dismissal time.

Maximum growth for these children requires an excellent curriculum, and classroom behavioral controls suited to individual needs. The kind of assistance given by a team approach provides teachers a variety of perspectives to classroom problems. In addition, support for the teachers' efforts to implement suggested instructional programs are given, both in a personal sense and through a knowledge of and influence on the family situation in which the child is enmeshed.[2]

Social exchange experimental classes. In addition to the six classes described above, two classes conducted according to Social Exchange Theory started in September, 1967. This reenforcement process of learning structures a class in such a way that activities which promote academic and social learning are rewarded, while activities which interfere with learning are unrewarded. This arrangement is quite different from that which exists in most classrooms. In the latter, undesirable behavior may stubbornly persist because the attention it receives, although intended to be punitive, may in fact be rewarding to the errant child. At the same time, small acts of contructive behavior may not receive the positive reenforcement they deserve.

Social Exchange Theory recognizes that a positive reinforcer such as praise from a teacher has differing degrees of value with different children. For the type of child referred to the Center, it initially has little reinforcing capability. For these children, it is necessary to utilize a different form of reward for desired behavior. Therefore, such things as tokens which can be exchanged for toys or walks or cookies or juice are employed. On the basis of the rationale discussed above, pupils receive tokens immediately upon the emission of positively directed behavior. Undesirable behavior is either ignored or followed by temporary removal from the setting in which tokens can be earned. As the child progresses, such things as a sense of accomplishment, the teacher's praise, and other things which have been paired with tokens begin to be reinforcing in themselves. For example, a child may begin to read initially in order to obtain tokens for novelties, but the pleasure he receives from reading eventually becomes rewarding in itself. At this point, tokens may be discarded. The Center's two social exchange experimental classrooms are divided by an observation booth with one-way glass windows. An induction loop in the room enables a supervisor to communicate with each teacher by means of a small radio receiver which the teacher wears in his ear. This arrangement allows the supervisor to make suggestions to the teacher for immediate reenforcement. It also permits the supervisor to inform the teacher when a child, out of the teacher's field of vision, is behaving in a manner that calls either for reinforcement or time out from reinforcement.[3]

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[2] Consider, for example, the success of a summer program supervised by the social work coordinator. Families of children in the special classes conducted these summer activities. (Appendix E).

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[3] The Social Exchange Theory Program is conducted by Robert Hamblin, of the Washington University Department of Sociology and is sponsored by Central Midwestern Regional Educational Laboratory.

Perceptual and motor skill development. Success in school is dependent upon basic skills acquired early in life. This readiness or pre-academic preparation reflects the processing system of receiving, recording, analyzing, and transmitting information unique to each child. The various components making up this system include all sensory areas such as visual, auditory, tactual-kinesthetic, vocal and motor functions. To consider these senses and mechanisms separately is of little value to the educational process. It is the integrative nature of the whole that is important in school tasks.

Children referred to the Diagnostic Center are often particularly uneven in perceptual and motor development. The importance of specific attention to these areas was recognized from the beginning of the project. In the initial approach, training procedures followed rather individualized programs of specific exercises intended to develop or remediate certain skills. Recent modifications have instituted standardized testing and a program presented in a more natural situation of physical education classes designed to respect individual needs. Future changes will depend on information yielded by evaluation data as it is processed.

IV. PROJECT EVALUATION

To assess the growth of special class pupils in both intellectual functioning and academic achievement compared to that of a control group of similar children in regular classrooms, the following design was employed. In both groups, all children received the Wechsler Intelligence Scale for Children (WISC). Those functioning at third grade or below received the California Achievement Test (CAT); for those above third grade, the Iowa Test of Basic Skills (ITBS) was used. A control group of 28 students was matched with the first 22 special class pupils on the basis of chronological age, school achievement and I.Q. During the next few months, several additional children were referred to special classes, while several control students were lost through family moves. Scores on both pre- and post-tests, administered in December, 1967 for 27 experimental and 24 control students are shown in Table 1. This report presents data obtained only for the 27 students who were in the project a minimum of six months by December.

TABLE 1

COMPARISON OF EXPERIMENTAL AND CONTROL GROUPS ON PRE-AND POST-TESTS[a]

		Pre-Test				Post-Test		
		N	MEAN	SD	t	MEAN	SD	t
Reading Level[b]	E	27	2.38	1.35		3.36	1.31	
	C	23	3.07	1.57	-1.65	3.39	1.31	-0.08
Arithmetic Level	E	27	2.41	1.30		3.37	1.19	
	C	24	2.74	1.26	-0.91	3.17	1.32	0.54
Reading Retardation	E	27	2.07	1.11		2.02	1.11	
	C	23	1.56	1.00	1.72	2.16	1.20	-0.44
Arithmetic Retardation	E	27	2.04	.85		2.01	1.13	
	C	24	1.84	.97	0.81	2.26	1.24	-0.76
WISC								
Verbal	E	26	92.38	12.23		95.50	11.41	
	C	25	89.92	9.70	0.80	89.84	9.50	1.91
Performance	E	26	95.00	10.77		104.69	13.82	
	C	25	95.36	13.32	-0.11	96.64	14.26	2.04*
Full Scale	E	26	92.92	10.18		100.15	11.84	
	C	25	91.68	11.39	0.41	92.24	12.06	2.36*

[a] Tested December, 1967

[b] Achievement test data are reported in terms of grade-levels

* $p < .05$

Tests of the differences between the means of the experimental and control groups shown in column "t", indicate no significant difference between the two groups on any of the pre-test scores. A comparison of post-test scores, however, indicates that the groups later differed significantly on the WISC Performance and Full Scale measures. The probability of these differences being due to chance alone is 5 in 100.

In considering the data in Table 1, it is important to take into account that several of the experimental pupils had not been in special classes for the full 10 month period. In order to take this difference in time into account a quotient was computed for both IQ and achievement scores to demonstrate progress in relation to time actually spent in class. This indicator is a progress quotient (PQ) which, for achievement scores, is simply a percentage obtained by dividing a pupil's pre- and post-test score change in months by the number of calendar months between the pre- and post-testing. Similarly, for IQ scores, the raw scores of each subtest were converted to mental age equivalents by means of Wechsler's tables. The average mental ages on both the pre- and post-tests were subtracted, and the differences then divided by the time between the two testings. A positive progress quotient indicates that the pupil's level of achievement or intellectual functioning increased during the interim and a negative progress quotient indicates that he lost ground. On such a measure, an average student on the basis of national norms would be expected to have a progress quotient of about 100% (e.g. 10 months achievement divided by 10 calendar months equals 100%).

Table 2 presents the Progress Quotients of both experimental and control group children during the 10 month evaluation period in Reading, Arithmetic and IQ scores.

TABLE 2

PROGRESS QUOTIENTS FOR AN AVERAGE OF 10 ACADEMIC MONTHS

	Experimentals	Controls	t
Reading			
N	27	23	
Mean	118.18	82.9	
SD	81.55	80.4	3.88*
Arithmetic			
N	27	24	
Mean	114.59	56.83	
SD	81.29	77.32	2.59*
WISC			
N	26	25	
Mean	163.42	75.56	
SD	78.41	108.13	3.33*

* $p. < .05$

As shown in Table 2, on all three measures, the children in the special classes progressed significantly more than the control subjects who remained in regular classes. Tests of these differences, shown in column "t" reveal them to be statistically significant (i.e., the probability of differences of this size arising by chance alone is only 2 in 100.) Indeed, the special class students progressed even more on all three measures than would have been expected even of normal children.

Beyond these significant group differences, the success of the Center program, in helping these children, can also be assessed by a closer examination of the data in terms of the gains achieved by individual students. In doing so, it is important to remember that one of the main reasons these children had been referred to the Center was because their progress in school had been conspicuously poor. Moreover, prior to being accepted at the Center, many of these students had been suspended and even expelled from school because of their complete inability to function in the regular classroom. Consequently an evaluation of these children based on the progress of normal children needs to be reconsidered. For children such as those at the Center even small gains along with improved class behavior indicate more progress than they previously had been making.

In view of this, their gains are genuinely impressive. Appendix F shows pre- and post-test grade placements, and progress quotients in both reading and arithmetic, for experimental and control students. Tables 3 and 4 group these data according to the number and percentage of students who made various amounts of progress.

TABLE 3
DISTRIBUTION OF READING PROGRESS QUOTIENT SCORES

Progress Quotient Range	Experimental Group No. of Students	Experimental Group %*	Control Group No. of Students	Control Group %*
300 +	1	4	1	4
250 - 299	1	4	0	0
200 - 249	1	4	1	4
150 - 199	8	30	1	4
100 - 149	4	15	1	4
50 - 00	5	19	5	21
0 - 49	6	22	7	29
-50 - -1	1	4	6	25
-100 - -49	0	0	2	8
Total N	27		24	

TABLE 4
DISTRIBUTION OF ARITHMETIC PROGRESS QUOTIENT SCORES

Progress Quotient Range	Experimental Group No. of Students	Experimental Group %*	Control Group No. of Students	Control Group %*
300 +	1	4	0	0
250 - 299	1	4	1	4
200 - 249	2	7	0	0
150 - 199	4	15	1	4
100 - 149	7	26	1	4
50 - 99	8	30	9	38
0 - 49	3	11	8	33
-50 - -1	1	4	4	17
Total N	27		24	

* Totals may not equal 100% due to rounding.

Table 3 shows that 15, or 56% of special class children progressed at least as much in reading as would be expected of normal pupils, with 11, or 41% progressing even more. Only 4, or 16% of the control students who remained in regular classes did as well. Moreover, only one child in special classes failed to show any progress, compared to 8 of the controls.

Similar results can be seen in comparing the two groups' progress in arithmetic shown in Table 4. Fifty-six per cent of the experimental group progressed as much or even more than normal children, compared to only sixteen per cent of those in regular classes. Only four or 15% of special class children failed to make at least half the progress expected of normal children. In contrast, 12 or fifty per cent of the controls progressed at less than half the normal rate, with 4 or 17% of them regressing, compared to only one special class student.

The data of Tables 1-4 show quite clearly that children in Center classes progressed significantly better than similar children who remained in the regular classroom. In both reading and arithmetic the majority of special class children progressed at a rate at least equal to and frequently even exceeding that of normal children. Comparisons of both reading and arithmetic achievement present evidence of the success of the Center's program.

V. INTERNAL EVALUATION AND FEEDBACK FUNCTION

From the very beginning, the variety of procedures used at the Diagnostic Center by each discipline generated an extensive amount of pupil data. Much of this could not properly be included in the formal evaluation of pre- and post-achievement and attitudinal measures. It became apparent that with the addition of other measuring instruments more could be learned about both procedures and pupils. Therefore, a new program was begun for the organization, interpretation, and dissemination of these data. The aim of the new program of internal evaluation and research activity was to identify and to integrate the many different types of data being obtained; to provide feedback for the staff about the nature of the Center's activities and population; and to assess the effectiveness of the instruments, procedures, and educational strategies used at several levels.

In particular, this program sought to provide feedback which would be useful for:

1. Evaluating the efficiency of the Center's operating procedures.
2. Defining and systematizing the wide range of information being gathered about each individual in the program.
3. Defining the Center's population as a whole, so that the character of the group with which we were dealing could be described in terms of any of the variables about which information would be collected.
4. Evaluating the effectiveness of the Center's program by examining the relationship between specific procedures, treatment programs, and outcomes.
5. Encouraging and reinforcing staff awareness of the usefulness of such feedback from the data being acquired and acquainting them with certain ongoing and practical procedures by which such data are obtained and made available for examination.

Beginning phase. The initial phase of the program focused on surveying and defining the complete range of information which was being gathered about each individual. It also attempted to develop procedures for systematic collection, organization, and evaluation of these data. A considerable amount of information which could be quantified and scaled had been collected on the first 27 subjects who comprised the experimental group.

The purpose of this initial phase was primarily exploratory. It proved unexpectedly fruitful. Even the preliminary analysis of only a part of the information collected on this initial test sample of 27 children has already:

1. Revealed certain intellectual, behavioral and emotional characteristics of students which are directly pertinent to defining their needs and the experiences from which the pupils can profit most.

2. Indicated a considerable number of advantages from being able to define our student population, as a whole, and on a variety of variables.

3. Suggested the kinds of questions which these data can be expected to yield.

A particular configuration of intellectual, behavioral, educational, and emotional factors emerged from the composite data. For example, certain individual profiles obtained from the Wechsler Intelligence Scale for Children testing is characteristic of the students as a group. This subtest pattern is one of markedly low scores on coding, digit-span, arithmetic, and to a lesser degree, vocabulary. Such a profile usually indicates severe problems in attention and concentration, much interference with short-term memory tasks, and inability to perform simple numerical problems mentally, or to substitute one type of abstract symbol for another. These problems seem to be related more to severe anxiety than to a general lack of ability or to organic impairment since there is normal performance on other subtests. Also, after special class placement performance in these problem areas improves more than can be accounted for by chance. Finally, there is a great change in the teachers' perceptions of our students, and in the students' perceptions of themselves.

A particular and quite typical picture of special students' classroom behavior emerges from teacher responses to the Devereux Elementary School Behavior Rating Scale. The behavior of students indicates marked anxiety about their classroom work. They have a noticeable tendency to give answers that have nothing to do with the questions being asked and to interrupt classroom discussion with irrelevant comments. There is a tendency to rush into work before they fully understand directions about it. Therefore, many mistakes are made. There appears to be basic comprehension when closer attention is given to teacher instruction. Pupils are quick to give up when activities become difficult or demands unusual effort. Teachers are blamed for all failures. Insufficient help and unfair demands are frequent complaints about teachers. Sometimes students are extremely disrespectful and defiant. Students seldom demonstrate a need for closeness with teachers.

The responses of the students to expressive techniques such as the Thematic Apperception Test (TAT) indicate there are certain striking consistencies in these children's needs. Commonalities are apparent in the demands they feel pressing on them, in their general emotional tone and mood, and in the expectations they have of how things will eventually turn out. Their stories vividly express an acute desire for help, sympathy, and comfort; a wish to be taken care of, to belong to someone; and to have friends. They are beset with an almost equally acute need to express these frustrated yearnings in outright anger and aggression. From the outside, they feel pressures of being dominated, compelled, and forced to do things. At the same time, their expectations of anything coming from the outside are highly negative. They fear danger, misfortune, and deprivation. The emotional tone of these children is strongly conflictual and depressed. Sometimes there is a lack of emotional quality. A majority of conclusions to stories on the TAT test are either unsatisfactory or unhappy ones. Responses to situations are often speculative and indefinite such as, "Well, it might turn out this way or it might turn out that way." Stories lacking in positive resolution were characteristic of these children when first referred to the Center. They were recently retested after an average interval of about 10 to 11 months. Careful evaluation of data such as these requires a more extensive analysis than can be provided by preliminary observations. Such an analysis is presently under way to evaluate attitudinal changes toward school and related subjects as part of the formal evaluation plan of the project. Initial comparisons between the stories of pre- and post-testing suggest changes in both the number of students who indicated problems and in the frequency with which these problems are mentioned. While these data are tentative, they suggest that alterations have occurred, not so much in the children's expressed needs, as much as in their apperception of the pressures upon them, in their moods, and in the outcomes they anticipate. The number of stories expressing anticipated danger and misfortune from the outside world appear less often. Although the significance of these changes cannot yet be stated, there are indications of decreased conflict and decreased emotionality of their moods. There is also some shift in the kinds of expectations the children have about how things will work out. The number of stories in which there is no real resolution seems to have decreased, while the number of stories for which several alternative possibilities are mentioned, seems to have increased.

Tentative as these data are, and based as they are, on only the most simple and straightforward descriptive evaluations, they nevertheless, have implications relevant to plans and practices at the Center. They point to the particular needs and weaknesses toward which instructional emphases may be directed. They tentatively suggest a kind classroom atmosphere which de-emphasizes student competition. These data are enlightening in terms of what students expect from the program and what the Center must do to answer real needs. Additional data and further consideration of them should provide a meaningful basis on which to structure the program.

New dimensions in the evaluation function. It is expected that the data presently being gathered, will permit not only better description of the group on a number of interesting variables and better recording of whatever changes occur, but it will also provide a framework within which to ask and receive answers to a variety of questions. These questions concern the usefulness of certain predictors, and the effectiveness of subsequent treatment procedures. Questions about the usefulness and validity of both established and experimental tests as measuring instruments for populations such as the one at the Center will be included. For example, any possible relationship existing between success in the program and the following other variables will be explored: 1) a student's family, developmental and educational histories; 2) his status upon referral in areas such as educational skills and degree of retardation, 3) his patterns of perceptual, motor, or intellectual disabilities, 4) his ways of coping with problems, and 5) the characteristic ways in which he perceives and evaluates himself and the rest of the world. If such relationships appear, they will be used to sharpen criteria for referral, selection, and differential diagnosis.

Having subjects uniformly and dependably described in terms of such variables, the staff can begin to ask questions about the efficacy of a wide variety of the things that are actually done with the children. This would include, of course, an evaluation of the effectiveness of a particular educational program or strategy vis-a-vis the particular characteristics of the subjects with whom it is used. Conversely, such a program of internal data collection and analysis can make it possible to select the least and the most successful of the students and to scrutinize all the many things known about them in order to try to account for the difference.

Finally, from such a data bank an evaluation can be made of the descriptive, predictive and diagnostic validity of widely used tests and measurements for use with children like those at the Center. It will be very important to learn the extent to which the picture which these instruments present of such students is congruent with the one obtained after repeated day to day give-and-take with them. It may very well be that particular kinds of performance or discrepancies and contrasts among them do not mean quite the same thing for subjects such as those in the project as they mean for children without their particular kinds of problems. It will also be important to discover if those indices of improvement by which the project and individual students are being evaluated reflect changes which are meaningful enough to result in students being returned to regular classes. Such analysis will test the extent to which the usual formal criteria of intelligence test performance and achievement test improvement are in agreement with those criteria for improvement used by parents, teachers, counselors, and the child.

There are other advantages simply from being able to describe the population of students on a large number of variables. Chief among these is the fact that the staff can begin to relate their experiences with these children and ways of treating them to programs reported in the growing number of studies in this area. By being able to compare the characteristics of students at the Center to those being treated at other places, the staff can begin to select, on an increasingly meaningful basis, new approaches and techniques which seem most likely to be successful with these students.

The Center looks forward as well to being able to make the results of its studies available to those who might find them useful. But above all, it is anticipated that the greatest gain will accrue from being able to make the best possible use of the wealth of our own data concerning pupils coming to the Center.

VI. CONCLUSIONS

The results described above indicate that the Diagnostic and Adjustment Center Project did accomplish an appreciable degree of success in achieving its objectives during the pilot phase. Diagnostic services were established for emotionally disturbed children with learning difficulties. Included in this part of the project were the establishment of referral procedures, selection of pupil data instruments and techniques, organization of inter-disciplinary teams and determination of procedures for bringing an inter-disciplinary approach to diagnosing pupil needs and planning a specific social, psychological and educational program to meet individual problems.

Organizational and administrative tasks associated with the above activities are not simple or quickly accomplished. The staff has worked diligently to define their individual roles so that each one could make a maximum contribution to the assessment of the total needs of each child. In addition to organizational and administrative tasks there was the prior one of recruitment. Securing competent psychologists, counselors, social workers, consultants and teachers was a slow process. With its brief history the project has, surprisingly, secured a very well trained and capable staff. During the pilot phase these individuals have developed into unified teams bringing their unique strengths to bear on educational problems.

Of particular note is the reciprocal arrangement by which other Divisions of the School System have strengthened and in turn been strengthened by the project. These activities have helped integrate the project into the total educational program of the St. Louis public schools.

In regard to the objective of providing special classes for pupils who cannot function in the regular classroom, the Center has opened eight such classes. Selection of pupils for them involved a careful process of diagnosis of difficulties and establishment of a special educational program for each child selected. A major accomplishment in this service was the development of a sense of team responsibility for pupil progress. Monitoring of pupil progress involved all disciplines, with each one being required to evaluate both its individual and team contribution in terms of pupil performance and response to social, psychological and educational activities.

The success of the special classes in terms of academic achievement by pupils is quite obvious. This conclusion is substantiated both by comparison of special class pupils to a control group, and by the rather remarkable individual performance of several pupils in the former group. Teacher observations and tentative evidence from psychological data suggest that even emotional and behavioral changes may be resulting from being at the Center. During the pilot phase, evaluation included initial steps in the development of systematic procedures for data collection to determine pupil change. In future years the evaluation model will be expanded to include data relevant to evaluating the effectiveness of various aspects of the project e.g., teaching styles, counseling procedures, parental consultation, etc. This new focus will include the development of a constant evaluation and feedback system for staff members.

The third objective of providing supportive services and training for teachers in regular schools has not developed as rapidly and extensively as the previous two. However, initial efforts are beginning to cultivate interest and success. The staff now provides psychological and counseling services on request for pupils in regular school classes. These services pertain both to pupils who have undergone a Center diagnosis and been assigned back to a regular classroom, and pupils in regular classrooms for whom teachers and principals have requested emergency assistance. The project staff, in cooperation with other divisions of the school system, is conducting in-service activities for various instructional personnel. These sessions have involved principals, teachers, counselors, social workers and psychologists.

The pilot phase of the Diagnostic and Adjustment Center ended on January 10, 1968. At that time, the project began a three year operational program. The objectives of this new period of activities are essentially the same as for the pilot period. Major focus will be on expanding the service and training initiated during the first year.

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BIBLIOGRAPHY

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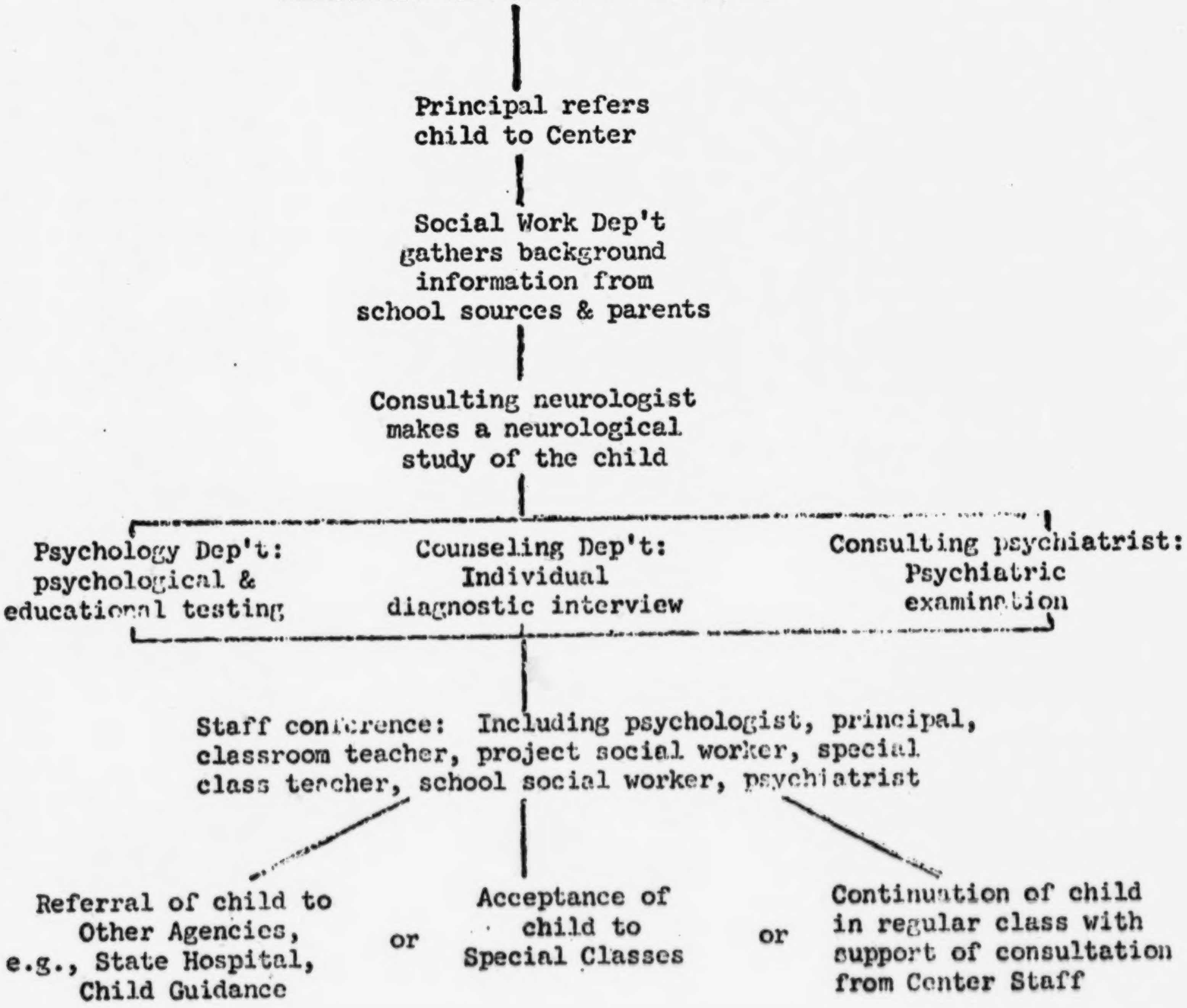
APPENDIX A

Outline of Intake Procedures

DIAGNOSTIC CENTER INTAKE PROCEDURE


Principal refers child to Center
Social Work Dep't gathers background information from school sources & parents
Consulting neurologist makes a neurological study of the child
Psychology Dep't: psychological & educational testing
Counseling Dep't: Individual diagnostic interview
Consulting psychiatrist: Psychiatric examination
Staff conference: Including psychologist, principal, classroom teacher, project social worker, special class teacher, school social worker, psychiatrist
Referral of child to Other Agencies, e.g., State Hospital, Child Guidance
or
Acceptance of child to Special Classes
or
Continuation of child in regular class with support of consultation from Center Staff

The following is an outline of the intake procedures employed by the Centers.

1. Parent Conference. A social worker talks with the parents of the child to enlist their support and to learn about their impressions of the child's difficulty in the regular school. In addition, a good deal of attention is paid to the reconstruction of the course of the child's social and physical growth and development.

2. Pupil Conference. A counselor interviews the child to discover how the world appears to him and how he feels about himself. The counselor tries to assess the nature of the child's strengths and difficulties, to determine how he relates to adults, and to learn what behavior mechanisms he practices most consistently.

3. Educational Testing. The child's level of academic functioning is assessed to determine the extent of scholastic deficits, and, to obtain the nature and patterning of his learning problems and abilities. Although some of the tests administered are designed for group administration, individual application permits diagnostic use of data in preparing a specific remedial plan.

4. Psychological Testing. Each child receives a full battery of psychological tests including measures of intellectual functioning; of attitudes (toward self, others, authority, and school) and of modes of organizing his experience. The objective is to construct as complete a picture as possible of the child with particular emphasis on the intellectual and emotional interaction. Attention is given also to the question of the influence which difficulties in the intellectual sphere have had upon the child's sense of worth and competency, upon his expectations.

5. Perceptual Battery. Consistent with the view that many serious behavior problems may rise out of painful failures to meet the expectations of the school rather than out of other intrapsychic or interpersonal disturbances which also preclude achievement, a careful appraisal of the child's perceptual functioning is made. Many children come to school reasonably "well-adjusted" in terms of social functioning (e.f. Bower, 1960) but this adjustment deteriorates as they encounter repeated difficulties and experiences of failure with subject matter. An appreciable number of children bring undeveloped or distorted perceptual processes to this encounter with unfortunate results. They may not be able to make sense out of the teacher's oral messages because so little importance is placed on verbal communication in their homes. Habitually, they may tune out after a few words (Deutsch, et.al., 1967) or a neural anomaly may interfere with the communication process. Whatever the cause, it is important to be aware of such difficulty and to include in future teaching designs specific attacks on it.

To this end, such tests as the Illinois Test of Psycholinguistic Abilities (ITPA), Wepman's Auditory Discrimination Test, Beery's Test of Visual Motor Integration, and Kephart's Motor Survey are used.

6. Psychiatric Evaluation. In a few particularly perplexing instances the child and/or the parents are seen by the consulting child psychiatrist.

7. Neurological Examination. Each child receives a complete general pediatric and neurological examination, for the purpose of assessing his physical status and the degree to which this may or may not be contributing to his educational difficulties, general or specific.

8. Additional assessments. At intake, screening of auditory and visual functioning are routine. Ophthalmologists, otologists, and other specialists make further evaluations if needed.

9. Staff Conference. After all evaluations are completed a conference is held to pool the various data. This conference includes not only those who have made the present assessments but also those who have been concerned with the child in the past and those who may be in the future. Thus, teachers, social workers, and administrators from the regular school and special class personnel who may be receiving the child, are all active members of the conference.

The conference task is to distill a practical plan of action from a comprehensive view of the child and his situation. The goal is, first, to understand the child as thoroughly as possible, to pool information, to gain new insights; and second, to translate the whole into the most effective educational program presently feasible. Thus, the output is not the assignment of some ambiguous diagnostic label or even merely an elaborate description of the psychodynamic picture, but rather a concrete proposal for the child's educational management. This proposal or prescription is continually re-evaluated and sharpened as experience with the child accumulates. Consequently, thereafter, regular team meetings of representatives from all disciplines working with the child are held to evaluate his progress.

10. Placement. A staff conference's recommendation may be that of special class assignment. In this event, a Diagnostic Center counselor and a social worker begin to work with the child and his parents to effect the best possible transition to the new situation. Once in the class, the relationship with the personnel counselor will continue.

The social worker continues close work with the parents, in discussion groups concerned with problems of child management. Direct case work or family therapy is done according to the presenting and continuing needs.

11. Follow-up. Whether the child is accepted into a class or remains in the conventional school, the Center staff is in regular contact with the persons working directly with him. What is more, as children give evidence of being able to return to the conventional classroom, a thoughtful plan of re-entry is developed. The school and class carefully choose various members of the staff to work with the teachers involved and with the child himself as he adjusts to a new situation. For instance, such a child may require tutoring for a time after he goes back to the regular classroom to keep him from falling perilously behind at the outset and becoming seriously discouraged again.

Two case examples follow to give the reader an idea of what this process looks like in somewhat more concrete terms.

Case 1 and Case 2.

Appendix A, Case 1

Peter came to the Diagnostic Center Special Class at age 11 because of poor progress in school and fearfulness in relations with others. The psychologist evaluated his beahvior as hyperactive, evidencing marked dependency and attempts at manipulation. Peter acts out his hostile impulses. He frequently encounters feelings of inadequacy, regarding school assignments, and in his relationship with overprotective parents.

Those of the interdisciplinary team who worked with Peter most continually were a special education teacher, a counselor and a social worker. In the classroom, along with instruction in arithmetic, spelling and reading, the teacher included finger games and bead stringing exercises to train his ability to classify and to think logically. Peter worked on sorting objects and pictures according to their functional relationships and drew stick, human and geometric forms to develop his motor understanding of spatial relations.

Working with the parents, the social worker focused on their effectiveness with Peter. Through the support received from the social worker, the father was able to realize ways his overly protective manner stifled Peter's growth and increased his insecurity. In evening group meetings with other parents, study guides on managing children were discussed and the parents shared their common difficulties. Emphasis was placed on how to set rules, handle anger and behave in a consistent manner allowing Peter to predict their behavior in relation to his.

In addition to an examination of the dynamics underlying their behavior with Peter, his parents joined Peter in family therapy sessions which discussed ways of keeping communication channels open.

All the members of the team agree that Peter's behavior is markedly improved. Powers of concentration, ability to follow instructions, application of principles, social relationships with others, and self-confidence areas are all improved. Still retaining some fears, he continually tests others. His outbursts of hostility are reduced and he is able to express negative feelings to others on a more mature level. Peter seems increasingly aware of himself and of his manipulative needs and he is making strides in controlling his hyperactivity.

Appendix A, Case 2

Jimmy came to the Diagnostic and Adjustment Center Special Class at age 10, a boy who had feelings of gross inadequacy and great difficulty controlling his behavior. Socially immature, he had few friends among his peers, and a continual stream of vulgarity served to isolate the affection of teachers and other adults. In the classroom he made constant pleas for attention by loud and otherwise disruptive behavior. Any kind of attention, even scolding, seemed like affection.

Jimmy attempted to salvage a semblance of self-respect but he had many reasons to feel it threatened. His parents rejected him early. They were divorced soon after Jimmy's birth, and he was placed in a foster home. Just recently he came to live with relatives. These relatives have come to care for Jimmy a great deal, but Jimmy could not readily accept or trust their love for him. His retardation in reading and arithmetic was another threat to his esteem. He faced difficulty expressing his ideas and subsequently had become restless in the classroom.

His first visit at the Center involved several hours with the psychologist who gave him intelligence, achievement, and personality tests. On the basis of these tests, and other information about him, a special program was developed in an attempt to best serve the carefully identified needs. Part of this program included his acceptance into a special class in which there were other students facing social and educational difficulties similar to his. A counselor met several times a week with Jimmy, and a social worker met with his guardians.

It was decided on the basis of data obtained in the diagnostic workup that it would be wise for the teacher in Jimmy's new classroom to avoid giving him attention when he left his seat, lay on the floor or yelled out the window. This attention apparently served as a reward for such undesirable behavior. The team concluded that the teacher should pay attention to him only when he was behaving well. As he began to win praise for success, Jimmy's need for a feeling of personal adequacy became apparent. He wanted the teacher's praise so desperately that he became upset when he knew his work was unsatisfactory. When doing poorly, Jimmy became more vulnerable to distraction. To help cut down the amount of stimuli which distracted Jimmy, he was given a three-cornered cubicle to work in.

In his work with Jimmy, the counselor began on a conversational basis. Jimmy was allowed to spend his time with the counselor in any way that he wished. Gradually their talks together began to focus on some of Jimmy's feelings concerning his family, especially his resentment and profound hurt at being rejected by his natural parents. The counselor helped him to express these feelings and to live with them in a less painful way.

One of the major thrusts made by the social worker on behalf of Jimmy's adjustment, was to encourage progress of adoption proceedings and a legal name change to that of his adopting parents. The social worker met regularly with them directing, clarifying, and supporting their efforts to understand and care for Jimmy.

A year and a half later, Jimmy's work at Gardenville bears witness to the fruitfulness of this work. He continues to have considerable difficulties with arithmetic and swears frequently, but reading and language areas show marked progress. Further, Jimmy is able to complete more assignments with fewer periods of inattention. He can now accept constructive criticism more gracefully since it does not pose as a threat to his self-esteem. And his peer group relationships are now quite satisfactory. Jimmy has begun to look like a happy boy.

APPENDIX B

Selected Forms, Procedures
and Instruments

BOARD OF EDUCATION
of the City of St. Louis

Instruction Department

Diagnostic Center and Adjustment Classes
6651 Gravois Avenue
St. Louis, Missouri 63116

REFERRAL AND APPLICATION FOR EVALUATION

I. IDENTIFYING INFORMATION:

DATE:______________ 19______

NAME________________________ SEX______ ADDRESS________________________________
(Street) (Zip Code)

BIRTHDATE____________ BIRTH CERT. NO.______________ (or verification) BIRTHPLACE______________

PARENT or GUARDIAN______________________________ (Name) RELATIONSHIP____________ (Parent, etc.)

______________________________ (Address) TELEPHONE______________

SCHOOL____________________ GRADE or LEVEL____________ LEVELS/GRADES REPEATED____________

TEACHER____________________ SOCIAL WORKER____________________

II. REASONS FOR REFERRAL:

A. Please state what behavior and/or circumstances have precipitated this referral:________________________________

B. Have the parents been advised of this referral?______ (Note: A signed copy of parental consent to evaluation, Form #DA-2, should be attached).

C. Classroom teacher's comments (concerning reasons for referral):______

D. School Social Worker's Comments:________________________

E. Please indicate what previous and/or current referrals to other community resources have been made to your knowledge concerning this child:________________________

III. PRIOR TESTING AND RECORDS:

A. Please attach complete copies of child's S-2 (Cumulative Record) PS-2 (Health Record), and S-6 (Elem. Classification Record Sheet).

B. Has child been seen at one of the Reading Clinics?_______________ (Yes or No)

If yes,____________________ (Name of Clinic) Dates seen____________________

C. Is child known to Pupil Personnel Services?_______________ (Yes or No)

D. Achievement Tests Administered:____________________ (Specify dates, types, and results)

____

____

IV. SCHOOL/SOCIAL ADJUSTMENT:

A. Please indicate your assessment of this child's social adjustment:

____

B. Describe child's behavior with other children:_______________

____

____

C. Describe child's actions in the classroom:_______________

____

____

D. Describe child's academic progress:____________________

____

E. Describe child's relationship with adults:_______________

____

____

____

F. Describe any further observations about this child or his family that you feel are significant:____________________

____

____

Signature of Principal____________________

Enclosures: DA-2_____ S-2_____ PS-2 _____ S-6_____ (please check)

PRIMARY CLASSIFICATION RECORD SHEET

NAME__________________________ SCHOOL________________ DATE____________
Last First

DATE OF BIRTH__________________________

DATE		READING	SPELLING	LANGUAGE	HANDWRITING	ARITHMETIC
	LEVEL A-1	1. Sees likenesses and differences 2. Hears likenesses and differences 3. Interprets pictures 4. Follows sequence 5. Classification 6. Left to right 7. Word meanings	1. Sees likenesses and differences 2. Hears likenesses and differences 3. Word meanings	1. Word meanings 2. Tells experiences 3. Retells stories 4. Dramatization 5. Rhymes 6. Consonant sounds 7. Follows sequence	Forms numbers and letters 1 2 3	LEVELS A-1 and A-2 1. Vocabulary 2. Uses of numbers 3. Counts by rote, 1-10 4. Counts rationally, 1-10
	LEVEL A-2	1. Uses context clues 2. Knows letter names 3. Consonant sounds 4. Letters - sounds 5. Word meanings	1. Knows letter names 2. Consonant sounds 3. Letters - sounds 4. Word meanings			
	LEVEL B-1	1. Vocabulary 2. Consonant-context 3. Comprehension	1. Writes letters of alphabet 2. First and last name	1. Word meanings 2. Dictates stories 3. Complete sentences 4. Gives story titles	Forms and spaces letters (Interlined paper) 1 2 3	LEVELS B-1 and B-2 1. Vocabulary 2. Counts and reads 1-40 3. Writes 1-10 4. Reads number names, 1-10 5. Adds and subtracts 6. Groups objects 7. Ordinals
	LEVEL B-2	1. Vocabulary 2. Consonants 3. Consonant-context 4. Comprehension	1. Writes beginning consonants	1. Word meanings 2. Tells experience stories 3. Dictates, copies, and reads stories	Manuscript (Interlined paper) 1 2 3	
	LEVEL C	1. Vocabulary 2. s, es, d, ed, ing endings 3. Consonant substitution 4. Consonant blends - context 5. Comprehension	1. Common words 2. s, es, ed, ing endings 3. Consonant substitution	1. Word meanings 2. Tells experience stories 3. Writes chalkboard stories 4. Uses periods, question marks, capitals	Manuscript (3/4" ruling) 1 2 3	LEVEL C 1. Vocabulary 2. 10's and 20's 3. 1's to 100; 10's to 100 4. + and - facts to 6 5. Halves 6. Applies 1/2's 7. Time 8. Money 9. Problems
	LEVEL D-1	1. Vocabulary 2. Short vowels 3. Long vowels 4. Comprehension	1. Short vowels 2. Long vowel patterns	1. Word meanings: stories 2. Oral exposition and description 3. Writes chalkboard stories 4. Writes complete sentences	Manuscript (1/2" ruling) 1 2 3	LEVEL D-1 1. Vocabulary 2. Counts by 5's, 2's 3. Reads 1-19 4. +, - 1 and 2 5. +, - 2 digit numbers 6. Inch 7. Time 8. Ordinals 9. Problems

Basal Reader________________________ Page__________ Date__________
(Enter in pencil. Erase previous entries.)

FORM S-6 July 64 75M

NAME____
Last First

DATE	READING	SPELLING	LANGUAGE	HANDWRITING	ARITHMETIC
	LEVEL D-2 1. Vocabulary 2. Consonant digraphs 3. Vowel digraphs 4. y endings 5. Words ending in er 6. Comprehension	1. Consonant digraphs 2. Vowel digraphs 3. Silent letters 4. y endings 5. Words ending in er 6. Irregular words	1. Word meanings; stories 2. Oral description and exposition 3. Writes stories 4. Proofreading 5. Rhymes and riddles 6. Commas in series; apostrophes	Manuscript (1/2" ruling) 1 2 3	LEVEL D-2 1. Vocabulary 2. 3 digit numbers 3. + and - facts to 12 4. + and - 2 digit numbers 5. Money 6. Pints, quarts 7. 1/4's, 1/3's 8. Applies 1/4's, 1/3's 9. Problems
	LEVEL E-1 1. Vocabulary 2. Applies phonetic skills 3. Comprehension	1. Short vowels 2. Long vowel patterns 3. Vowel digraphs and r controlled a 4. Silent letters 5. Consonant variations; ck = k	1. Word meanings; stories 2. Oral description and exposition 3. Independent writing 4. Informal letters 5. Proofreading	Forms and spaces cursive letters (1/2" ruling) 1 2 3	LEVEL E-1 1. Vocabulary 2. + and - facts 3. Carry - borrow 4. Time 5. Money 6. Problems
	LEVEL E-2 1. Vocabulary 2. er, est, ies endings 3. Syllabication 4. Comprehension	1. Double final consonants 2. Final e 3. er, est endings 4. y to i plus es 5. Compound words 6. Syllabication 7. Contractions 8. Irregular words	1. Word meanings; stories 2. Oral description and exposition 3. Independent writing 4. Direct speech; punctuation 5. Book reports 6. Proofreading	Cursive writing (1/2" ruling) 1 2 3	LEVEL E-2 1. Vocabulary 2. x and ÷ facts (2-5) 3. x 2 digit numbers 4. ÷ 2 digit numbers 5. Measurement 6. Problems

Basal Reader______________________________ Page________ Date__________
(Enter in pencil. Erase previous entries.)

READING TESTS

LEVEL	DATE	I 7/8	II 15/18	III 12/14	IV 14/18	Teacher's Initials
A-2						
LEVEL	DATE	I 51/60	II 11/14	III 6/8		
B-1						
LEVEL	DATE	I 51/60	II 26/30	III 14/17	IV 9/11	
B-2						
LEVEL	DATE	I & II 42/50	III 8/10	IV 8/11	V 6/7	
C						

LEVEL	DATE	I & II 42/50	III 36/42	IV 12/14	Teacher's Initials
D-1					
LEVEL	DATE	I & II 42/50	III 36/42	IV 12/14	
D-2					
LEVEL	DATE	I & II 42/50	III 38/45	IV 12/14	
E-1					
LEVEL	DATE	I & II 42/50	III 38/45	IV 12/14	
E-2					

LEARNING ABILITY TESTS

1.	TEST		
	DATE		
	CA	MA	IQ
2.	TEST		
	DATE		
	CA	MA	IQ

ACHIEVEMENT TESTS

ENGLISH LEVELS RECORD SHEET - Grades 4-8

Name______________________________ Mental Ability Tests, Date______________ ______________
(Last) (First)

Date of Birth______________________________ ______________ ______________ ______________

COMPOSITION					READING		
Date, Grade, School		Speaking and Listening	Writing	Grammar	Skills	Literature	Individual
______ ______ ______ ______ ______ ______	Level 4	1. Story: complete sentence sequence 2. Book Report: subject	1. Paragraph: 3-4 sentences 2. Letter: 1 paragraph, form 3. Book Report: 1 paragraph 4. Usage 5. Mechanics: capitalization, punctuation 6. Word Study: dictionary 7. Spelling 8. Handwriting	1. Sentence: 2 parts 2. Verb: identifies 3. Noun: singular, plural 4. Pronoun: identifies personal pronoun	Gr. 4 Entrance Survey Iowa Reading (Form 1) Voc. ______ Comp. ______ Av. ______ Date ______ ------------------------ 1. Iowa Reading Av. 4.5 Voc. ______ ______ Comp. ______ ______ Av. ______ ______ 2. Iowa W.S. Av. 4.5 Maps ______ ______ Graphs ______ ______ Ref. ______ ______ Av. ______ ______ Date ______ ______	1. Stories 2. Poems	434R, 453R, 454R, 459R, 466R
______ ______ ______ ______ ______ ______	Level 5	1. Story: dialogue 2. Book Report: incidents, characters 3. Directions and Explanations 4. Description	1. Paragraph: 4-5 sentences 2. Description: paragraph 3. Narration: 4 kinds sentences 4. Book Report: incidents, characters 5. Usage 6. Mechanics: capitalization, punctuation 7. Word Study: dictionary 8. Spelling 9. Handwriting	1. Sentence: 4 kinds; subject, predicate 2. Verb: auxiliary, agreement 3. Noun: kinds plural, possessive 4. Pronoun: singular, plural, possessive 5. Adjective: identifies 6. Adverb: identifies	1. Iowa Reading Av. 5.5 Voc. ______ ______ Comp. ______ ______ Av. ______ ______ 2. Iowa W.S. Av. 5.5 Maps ______ ______ Graphs ______ ______ Ref. ______ ______ Av. ______ ______ Date ______ ______	1. Stories 2. Poems	533R, 543R, 544R, 551R, 599R
______ ______ ______ ______ ______ ______ ______	Level 6	1. Story: beginning, ending 2. Book Report: opinion 3. Directions: clearness	1. Paragraph: 4-6 sentences 2. Narration: unified paragraph 3. Outline: main 4. Report: outlined 5. Book Report: 2 paragraphs, opinion 6. Usage 7. Mechanics: capitalization, punctuation 8. Word Study: dictionary 9. Spelling 10. Handwriting	1. Sentence: inverted order, compound parts 2. Verb: principal parts, three tenses 3. Noun: apposition 4. Pronoun: subject, object, object of preposition 5. Adjective: article, comparison 6. Adverb: comparison 7. Preposition: phrases 8. Conjunction: coordinating	1. Iowa Reading Av. 6.5 Voc. ______ ______ Comp. ______ ______ Av. ______ ______ 2. Iowa W.S. Av. 6.5 Maps ______ ______ Graphs ______ ______ Ref. ______ ______ Av. ______ ______ Date ______ ______	1. Stories 2. Poems	615R, 619R, 634R, 637R, 661R

FORM S-10 6-67 50M

Name____________________

<table>
<tr><th colspan="4">COMPOSITION</th><th colspan="3">READING</th></tr>
<tr><th>Date, Grade, School</th><th>Speaking and Listening</th><th>Writing</th><th>Grammar</th><th>Skills</th><th>Literature</th><th>Individual</th></tr>
<tr><td>____
____
____
____
____
____</td><td>Level 7
1. Story: mood, suspense
2. Book Report: reaction
3. Explanation: logical, clear
4. Report: library material</td><td>1. Paragraph: topic sentences, transitional devices
2. Business Letter: form
3. Report: method
4. Book Report: reaction
5. Description: sense impressions
6. Usage
7. Mechanics: capitalization, punctuation
8. Word Study: dictionary
9. Spelling
10. Handwriting.</td><td>1. Sentence: compound
2. Verb: transitive, intransitive, agreement
3. Noun: address, direct object, indirect object, predicate noun
4. Pronoun: indefinite, predicate pronoun
5. Adjective: pronominal, demonstrative, predicate adjective
6. Adverb: modify adjectives, adverbs
7. Conjunction: compound sentences
8. Interjection: identifies</td><td>1. Iowa Reading Av. 7.5
Voc. ____ ____
Comp. ____ ____
Av. ____ ____
2. Iowa W.S. Av. 7.5
Maps ____ ____
Graphs ____ ____
Ref. ____ ____
Av. ____ ____
Date ____ ____</td><td>1. Narrative
2. Article
3. Biography
4. Fable
5. Radio Play
6. Poems</td><td>709R,
713R,
717R,
733R,
784R</td></tr>
</table>

Level 7 Date__________

IOWA TESTS OF BASIC SKILLS	Language	Arithmetic
	Spelling ____	Concepts ____
	Capitalization ____	Problem Solving ____
	Punctuation ____	
	Usage ____	
	Average ____	Average ____

<table>
<tr><td>____
____
____
____
____
____</td><td>Level 8
1. Persuasion: support of opinion
2. Book Report: evaluation of character
3. Report: organization</td><td>1. Paragraph: narrative, expository
2. Summary: expository
3. Outline: 2nd degree
4. Report: 3 or more paragraphs
5. Book Report: summary
6. Usage
7. Mechanics: capitalization, punctuation
8. Word Study: dictionary
9. Spelling
10. Handwriting</td><td>1. Sentence: subordinate clause
2. Verb: progressive verbals
3. Noun: concrete, abstract, noun clause
4. Pronoun: person, gender, case
5. Adjective: clause
6. Adverb: clause
7. Conjunction: correlative, subordinating</td><td>1. Iowa Reading Av. 8.5
Voc. ____ ____
Comp. ____ ____
Av. ____ ____
2. Iowa W.S. Av. 8.5
Maps ____ ____
Graphs ____ ____
Ref. ____ ____
Av. ____ ____
Date ____ ____</td><td>1. Short Story
2. Legend
3. Nonfiction Prose
4. Play
5. Poems</td><td>805R,
812R,
833R,
837R,
849R</td></tr>
</table>

Level 8 Date__________

IOWA TESTS OF BASIC SKILLS	Reading	Language	Arithmetic
	Vocabulary ____	Spelling ____	Concepts ____
	Comprehension ____	Capitalization ____	Problem Solving ____
		Punctuation ____	
		Usage ____	
	Average ____	Average ____	Average ____

OTHER ACHIEVEMENT TESTS

Date	Test											Date	Test										

DIAGNOSTIC AND ADJUSTMENT CENTER

SOCIAL HISTORY - WORKSHEET

I Biographical Data Re: (child) ______________________________

Address	Phone
Zip Code	Emergency phone
Birth Date Place	Certif. No. Age
School	Grade
Female siblings	Natural or adopted
Male siblings	
Patient's position in series	Religion
Informant	Relation to patient
Interviewer	Date

II. Family Background and Marital History

A. Father - Name

Birth Date Place

Family History

Education

Occupation - Previous

" Present

Health History

Personality

Other Factors

B. Mother - Name

Birthdate

Family History

Education

Occupation - Previous

Occupation - Present

Health History

Personality

Other Factors

C. Marital History

1. Previous Marriage - Father

2. Previous Marriage - Mother

3. Present Marriage

Date Place

Compatibility

Other factors:

III. History of Psychological Problems

Presenting problem:

First notice of problem:

Informant's description of problem:

Variation in severity and circumstances of problem:

Psychological problems in family members: any who seem "odd"?

any hospitalized or receiving therapy?

Informant's estimate of child's learning ability?

advanced average slow

IV. Developmental History

A. Prenatal and neonatal

mother's reactions to pregnancy:

mood changes as function of trimester:

any family problems:

health: fears:

mother's reactions to labor:

mood changes after birth:

first reactions to new baby:

child's reactions to feeding:

why breast or bottle fed?

feeding difficulties?

child's reactions to environment: (fretful, alert, happy, cuddly, etc.)

B. Infantile: independence attempts

1. Locomotion

reactions to walking:

difficulties in:

reactions to stimulation to stand up, crawl, etc.:

traumas during:

2. Toilet training:

age at which completely trained:

difficulties during training:

reactions to training attempts:

traumas during:

3. Speech development:

amount of speech at present

comparison of speech with development in other areas - locomotion, toilet training, social maturity, etc.
advanced equal slow

reactions to speech stimulation by others:

traumas during: moving, death, etc.:

C. Childhood

1. Organic involvement

body coordination:

fine movements:

gait:

2. Diseases and difficulties (accident, fevers, etc.)

age at onset of trauma:

type:

duration:

reactions to: residual effects:

3. Adequacy of Interpersonal relationships

Mother

Father

Siblings

Grandparents

Friends:

Older

Younger

Same age

Age group plays with more:

4. School

adjustment to routine:

reactions to:

learning ability in:

peer relations:

V. Content of symptoms

Symptom	None	Mild	Mod.	Severe
1. sleeping difficulties				
2. eating				
3. thumb-sucking				
4. bed-wetting				
5. bowel-control				
6. school achievement				
7. resistance to going to school				

	None	Mild	Mod.	Severe
8. daydreaming and withdrawal				
9. specific phobias				
10. global phobias				
11. nervousness				
12. depression				
13. suspiciousness				
14. rigidity (compulsivity)				
15. ritualistic behavior				
16. inferiority feelings				
17. impulsivity				
18. temper tantrums				
19. negativistic				
20. lying				
21. stealing				
22. sex problems				
23. strange behavior				
24. anti-social behavior				
25. dependency-clinging and attention-demanding				
26. child relationships				
27. adult relationships				
28. motor incoordination				
29. motor hyperactivity				
30. carelessness				
31. social maturity				
32. destructiveness				

VI. Summary Impressions:

A. The adequacy of the parents' personal adjustment

B. The stability and supportive aspects of the parents' marital adjustment and family life.

C. Factors which seem to contribute to the present school and personal difficulties of the child.

PSYCHOLOGICAL AND PERCEPTUAL TESTING PROGRAM

The children who are referred to the Diagnostic Center come with problems of inadequate learning abilities and/or unacceptable patterns of social interaction. The vast majority are educationally retarded, and most have, in addition, behavior which is described as disruptive, hyperkinetic, distractible, or perhaps withdrawn, inattentive or daydreaming. Whatever the referring problem, it becomes the job of the psychologist to determine, tentatively at least, the possible cause and nature of the child's disability, his mode of intellectual functioning, his potential for learning, and the dynamics of his personality as they bear on school adjustment.

The following test battery is regarded as a small sample of the child's behavioral responses which collectively give the examiner a composite picture of his present level of functioning, perceptual patterns and personality characteristics. This test battery may be shortened or added to at the discretion of the examiner.

Wechsler Intelligence Scale for Children: This test assesses intellectual functioning, and has value as a tool for differential diagnosis. Profile patterns showing wide discrepancies between subtests or between the Verbal and Performance IQs give indications of relative strengths and weaknesses, possible learning disabilities, or emotional factors such as anxiety, compulsiveness, or impulsivity.

Bender Gestalt Test: By evaluating the child's ability to copy nine simple designs, one may determine his visual-motor gestalt function and explore maturation level, possible organic defects or personality deviations.

Graham-Kendall Memory for Designs: A measure of ability to reproduce geometric figures from memory after a five-second exposure, this test assesses both visual-motor functioning and short-term retention.

House-Tree-Person: This projective technique can be used as a screening measure of intellectual level as well as an aid to understanding thinking, feeling and personality characteristics.

Thematic Apperception Test: By telling stories about a series of pictures, the child indicates how he perceives the world around him, the significant people in it, and himself in relation to this environment.

Rorschach Test: The child's free associations to a series of ambiguous figures can give insight into the dynamics of his personality: his interests, needs, capacity for fantasy and mechanisms of defense.

Illinois Test of Psycholinguistic Abilities: This diagnostic instrument is designed to assess the language development of exceptional children, by attempting to detect abilities and disabilities in different channels of communication, cognitive processes and levels of functioning.

Frostig Developmental Test of Visual Perception: This instrument measures five operationally-defined perceptual skills: eye-motor coordination, figure-ground, constancy of shape, position in space, and spatial relationships.

Beery Test of Visual-Motor Integration: By measuring on a developmental scale the ability to reproduce geometric forms presented visually, one may assess visual perception and motor coordination.

Wepman Auditory Discrimination Test: This orally administered test identifies children with auditory discrimination deficits.

Findings from the psychological tests together with results of achievement and academic diagnostic tests (given by the Counseling and Guidance Department) are evaluated to give information about the child which is organized into a teaching and guidance program to fit his particular needs. This formulation can be outlined as follows:

1. Potential for learning

2. Personality patterns relevant to learning
    a. Attitudes
    b. Needs
    c. Defenses

3. Disability analysis
    a. Reading
    b. Arithmetic
    c. Spelling
    d. Perceptual patterns

4. Tentative goal of
    a. Teaching program
    b. Counseling

5. Prognosis

6. Suggested methods

Retesting after an interval of time using any of these instruments can provide a measure of change in intellectual functioning, achievement level or even attitude toward school. In this way progress or its lack can be determined, and the teaching program modified accordingly. The testing program is an integral part of on-going diagnosis and of individualized teaching.

DEVELOPMENTAL PROFILE

Name: Date:
Date of Birth:
Age:

Motor Skills

- Awareness of self
- Gross motor
- Fine motor
- Orientation in space
- Eye motor
- Eye-hand coordination

Auditory Skills

- Attention
- Listening
- Imitation and articulation
- Discrimination
- Memory
- Comprehension

Visual Skills

- Identifying objects from pictures
- Visual discrimination
- Visual memory
- Visual comprehension and integration
- Perception of space (spatial relations)

Cognitive Skills (Integration)

- Labelling
- Classifying
- Relationships
- Concept formation (abstract reasoning)

Verbal Skills

- Language patterns
- Verbal fluency
- Memory (retention of information)
- Vocabulary Knowledge
- Reading:
  - Vocabulary recognition
  - Vocabulary comprehension
  - Word form analysis (spelling)

Arithmetic Skills

- Counting
- Basic number skills
- Numerical reasoning

COUNSELING INTERVIEW (INTAKE)

Name:
Age:
Birthdate:
Grade:
School:

Date of Interview:
Interviewer:
Reason for Referral:
General Impression of Adequacy of Adjustment:

OBSERVATIONS:

FAMILY BACKGROUND AND RELATIONSHIPS:

A. Attitude toward home; type of home

B. Stability of home

C. Type of relationships
Mother

Father

Siblings

Other

D. Family activities

E. Feelings (handling of)

SOCIAL RELATIONSHIPS:

A. Neighborhood peers

B. Classmates

C. Teachers

D. Other adults

OUT-OF-SCHOOL ACTIVITIES; INTERESTS:

A. General likes

B. General dislikes

C. Favorite T.V. shows

D. Religious

E. Wishes

F. Future occupation

G.Hobbies

H. Other

SCHOOL:

A. Attendance________________ B. Reasons for absences__________________

C. Attitude toward school

D. Subjects preferred

E. Incomplete lessons (what happens?) ____________________________________

____

Child's reaction ____

F. Getting in trouble in the room (specific behavior) ____________________

______________________Consequences___________________________________

Child's reaction ____

G. What do you like most of all about school? ____________________________

____

H. What do you dislike most of all about school? ___________________________

____

FEARS; ROLES; SOMATIC SYMPTOMS:

A. General
Self

1. On the way to school a sudden thunderstorm begins. What happens?____________________ What would you do?__________________

2. A little boy (girl) dashes in front of a speeding car. What happens?______________________________

3. You wake up at night and find the house empty - no one's there.

____________________Child's reaction____________

____

4. A child loses a parent. What happened after?____________

______________. How would child act?______________

Family members

1. Little boy fights with brother (sister). What does mother/father do?____________________________________

2. Mother becomes ill and needs help. What happens?____________

______________. Child's reaction__________________

3. Mother and father have to take a long drive out-of-town through lots of traffic. What happens?_______________________

______________. Child's reaction__________________

4. Other

B. Sleeping habits (i.e., poor, good, nightmares, etc.)

C. Eating habits (i.e., poor, good, favorite foods, etc.)

D. Stomach-aches

E. Headaches

F. Bedwetting

G. Vision

H. Hearing

SUMMARY OF COUNSELOR IMPRESSIONS:

A. General behavior

B. Developmental needs

C. Particular problem areas

Recommendations:

EDUCATIONAL TESTING PROGRAM

I. The Testing Program

Educational testing is a means of assessing a specific sample of behavior - academic functioning. In order to assess this sample of behavior in pupils who are referred to the Diagnostic Center certain objectives are followed which are:

A. to determine the child's instructional and/or independent levels of performance

B. to assess the child's specific deficits in the Language Arts and Arithmetic

C. To note behavioral characteristics manifested during test performance; i.e., ability to organize thinking, approach to tasks, attitudes, degree of calmness, energy level, degree of persistence, etc.

The test battery which is presently being used has tentatively been selected and is subject to re-evaluation. It's composition has been determined largely by the nature of our referrals and is aligned with the objectives of the testing program. The battery includes:

A. Survey

1. California Achievement Tests
2. Iowa Tests of Basic Skills
3. Metropolitan Readiness Tests
4. Dolch Basic Sight Word Tests

B. Diagnostic

1. Stanford Diagnostic Reading and Arithmetic Tests
2. Gray Oral Reading Test
3. Diagnostic Tests of Word Perception Skills
4. Diagnostic Spelling Test
5. Durrell Analysis of Reading Difficulty
6. Screening Tests for Identifying Children with Specific Language Disability

The use of test results is related to the purposes and objectives of the Instructional Department. The results, used in conjunction with data gathered from behavioral observations, and psychological and perceptual test batteries, are the basis for stating hypotheses and for planning a tentative, individualized remedial program subject to continuous evaluation by the teacher and the Team.

The initial administration of a test battery occurs when a child is referred and following the completion of the psycho-social history taken by the Social Worker. These intake procedures are a part of the screening process. Partial battery retesting is done at the request of the of the teacher and/or the Team to aid in the on-going diagnosis of the pupil. Retesting is also done at the end of one year after date of entry of a pupil to determine educational status and for research purposes.

II. Brief Descriptive Analyses of Tests*

A. California Achievement Tests

A series of comprehensive tests designed by Dr. Ernest W. Tiegs and Dr. Willis W. Clark for the measurement, evaluation, and diagnosis of school achievement. This series is composed of reliable and valid tests of skills and understandings in reading, arithmetic, and language.

B. Iowa Tests of Basic Skills

These tests provide for a comprehensive measurement of vocabulary, reading, mechanics of writing, methods of study, and arithmetic. The primary purpose of the tests is to reveal how well each pupil has mastered the basic skills. The content of each test has been very carefully selected to reflect the best of current curriculum practices.

C. Metropolitan Readiness Tests

These tests, developed by Dr. Hildreth, N. Griffins, Dr. McGauvran, measure the extent to which school beginners have developed in linguistic attainments and aptitudes, visual and auditory perception, muscular coordination and motor skills, number knowledge, and the ability to follow directions. These skills and abilities contribute to readiness for first grade instruction. Provides a quick and convenient basis for early classification of pupils.

D. Dolch Basic Sight Word Test

A single sheet listing the 220 words which occur most commonly in all reading materials. This test, designed by Dolch, is a good measure of the sight vocabulary the pupil has really retained. These words are normally mastered by the end of the third grade.

E. Stanford Diagnostic Tests

A series of measures designed by Dr. B. Karlsen, L.S. Beatty, Dr. R. Madden, and Dr. E. F. Gardner, to identify needed areas of instruction in the two fundamental skills of reading and arithmetic. The tests provide a detailed coverage of the major aspects of instruction in these two areas and are intended for use in the early part of the instructional sequence.

F. Gray Oral Reading Test

A measure, developed by William S. Gray, used to diagnose a child's word perception skills. The test consists of a series of short paragraphs of increasing difficulty. It affords an

G. Diagnostic Tests of Word Perception Skills

An instrument designed by Dr. William Kottmeyer to measure the extent to which a child has mastered word perception skills. Specific deficits may be noted which can provide the basis for planning a remedial reading program.

H. Diagnostic Spelling Test

The instrument, developed by Dr. William Kottmeyer, is an analysis of spelling ability and the percentile rank of the pupil in his grade placement. Specific skills in spelling are measured and diagnosed.

*Sources of Information:

1. The Manual of Directions (A,B,C,E,I,J.)
2. "Reading Clinics of the St. Louis Public Schools", 1965
3. Sixth Mental Measurements Yearbook, Oscar Buros, 1966

EDUCATIONAL DIAGNOSTIC REPORT

Name ______________________________ School ________________

Room ______ Date __________________

Part I. General Data

1. Schools attended ____

2. Birthdate ____________________ 3. Grade ________

4. Mental Grade ________

5. School attendance:

Number of days in Kindergarten ________

Age at school entrance: Years ____ Months ____

Attendance in grades: I ____ II ____ III ____ IV ____

V ____ VI ____ VII ____ VIII ____

6. Record of failures ____

Part II. Physical Tests

1. Eyes: Vision: Snellen ____________ Telebinocular ________

2. Hearing: Audiometer ____________________

3. Speech defect _________________________

4. Preferred hand ________ Preferred eye ________

Part III. Tests

1. Intelligence

a. Group ____ Date ____ CA ____ MA ____ IQ ____

b. Individual ____ Date ____ CA ____ Verbal IQ ____

Performance IQ ____ Full Scale IQ ________

2. Achievement

Name ____________________ Date ________________

Reading ____________________________

Vocabulary _____ %______ Comprehension ___ %____ Speed ____ Average _____

Arithmetic

Concepts _____ %_____ Problem Solving _____ %_____ Average ________

Other Tests:

Part IV. Disability Analysis

A. Oral reading

1. Word Attack

	Does Use	Does Not Use	Comment
Guessing			
Configuration			
Spelling			
Syllabication			
Context clues			
Blending			

2. Word Analysis

	Knows	Does not Know	Knows Partly	Notations
Letter Names				
Letter Sounds				
Blend Sounds				
Prefixes				
Suffixes				
Central vowels				
Sight vocabulary				

3. Mechanical Errors

	Does make	Does not make	Notations
Word reversals			
Letter reversals			
Letter confusions			
Word confusions			
Letter substitution			

4. Finger Pointing Yes _____ No _____

B. Silent Reading

1. Articulation Yes _____ No _____
2. Head movements Yes _____ No _____

C. Arithmetic Concepts

1. Addition ______________________________
2. Subtraction ______________________________
3. Multiplication ______________________________
4. Division ______________________________

D. Problem Solving

____

____

____

PUPIL DIAGNOSTIC SUMMARY

Date ____________________

Name ______________________________ Address ____________________
(Last) (First) (Middle)

Birthdate _______ Certificate No. ____________ Birthplace ______________
(or Verification)

Parent or Guardian ______________________ Telephone No. ____________

School ____________________ Grade/Level ____________ Sex _________

Medical: Physical Disabilities ____________________________________

Other Significant Findings ________________________________

_____ Reading Clinic Telebinocular _____ Vision: R_____ L_____

_____ Date of Screening Dominance ______ Hearing: R_____ L_____

Psychological Examination:

WISC: Date Adm. __________ Verbal __________ Perf ________ Full Scale ____

BINET: Date Adm. __________ C.A. ________ M.A. ________ I.Q. _____

Personality Measures ______________________________________

Significant Findings ______________________________________

____

Psychiatric Diagnosis: _____________________________________

____

Educational Diagnosis: Date_____ Av. Reading_____ Av. Arith._____ Av. Spell._____

Emotional-behavioral disorders evident in classroom __________

____

Recommendations of Screening Committee:

Assign to:

1. Adjustment Class ______________________________
2. Team support in regular class __________________
3. Other (Specify) _______________________________

Comments: ________________________________

Signature: ____________________________

INSTRUCTIONAL PROGRAM
FOR ______________________________
PERIOD ENDING ____________________________

SUBMITTED TO:
PSYCHOLOGICAL AND EDUCATIONAL
SERVICES

TEACHER'S REPORT

I. Reading Level -
Particular Strengths

Name of Books (s) -

Weak Areas -

Strong Modality: Auditory -
Visual -
Supplementary Materials:

(Estimate)
Level of interest and/or Motivation: Very Low ____ Low ____ Aver. ____ High ____ Very High ____
Reading for enjoyment (Library): Yes ______ Level ______ No ______

II. Arithmetic Level -
Name of Book (s) -
Concepts (Strengths and Weaknesses) -
(Reasoning)

Processes
Computation (Strengths and Weaknesses) -

Supplementary Materials:

Level of interest: Very Low ______ Low ______ Average ______ High ______ Very High ______

Several skills are listed in areas III and IV. They cover several grade levels; therefore all of them will not apply to your child.

III. Spelling Level -
Name of Book -
To indicate the degree to which student seems to be mastering skills, please check (✓) appropriate boxes:

	hasn't learned	needs more instruct.	needs review	almost has it	average	knows it well
Consonant Sounds						
Long Vowel Sounds						
Short Vowel Sounds						
Vowel Diagraphs						
Consonant Blends						
Prefixes						
Suffixes						
Syllabication						
Beginning Sounds						
Ending Sounds						

Materials Needed:

Academic Goals

IV. Language
Please check ( ) the skills you think the child knows fairly well:

Skill **Level**

__________Word meanings
__________Experience Stories (oral)
__________Experience Stories (written)
__________Chalkboard Stories
__________Marks of punctuation
__________Uses complete sentences (oral and written)
__________Writes paragraphs
__________Knows some parts of speech (noun, verb, etc.)
__________Dictionary skills
__________Handwriting
__________Book Reports (oral or written)
__________Proof Reading
__________Other

V. Please describe child's additional activities:

a.) special projects in class -
b.) art and/or music -
c.) physical education -
d.) motor training -
e.) counseling -
f.) social studies -
g.) health and/or science -

1. In what content area does child seem to have most difficulty in learning?

2. What, in your opinion, might be the trouble spot?

a.) Child is unusually slow in picking up new skill.
b.) Attention span is very short.
c.) Seems to be deficient in auditory intake.
d.) Seems to lack ability to use visual clues effectively.
e.) I have an idea for a different approach.
f.) A new approach may be in order. Please suggest one.
g.) Child lacks motivation.
h.) The material just may be a little too difficult for him (her).
i.) He simply refuses to do the work; reason undetermined.
j.) Other -

3. The present instructional program should stay in effect. Yes_____ No_____

4. A revision of his program may be needed. Yes_____ No_____

5. I have questions about the child's achievement testing and the remedial program Yes_____ No_____

6. Would like to confer with Coordinator of Instruction (methods, techniques, materials, scheduling.) Yes_____ No_____

Teacher ____________________ Assistant ____________________

APPENDIX C

Cooperative In-service Activities
Sample Program Outlines of Activities
Involving Project and Regular School Staff

CO-OPERATIVE IN-SERVICE WORKSHOPS

Sponsored by
ESEA Title III Diagnostic Center and
Division of Pupil Personnel Services

MEETING PLACE:

Audiovisual Education Building
1517 South Theresa Rooms 210-211

TIME:

1:00 p.m. to 3:45 p.m.

DATE	SPEAKER	TOPIC
November 10, 1967	Alice O. Coffman, M.A. Co-Investigator and Project Director of University Schools	The Effects of Assessment and Personalized Programming on Subsequent Intellectual Development of Pre-Kindergarten and Kindergarten Children
December 8, 1967	Eleanore T. Kenney, Ph.D. Director of Miriam School	Diagnosis and Remediation of Visual-Motor Learning Disabilities
January 12, 1968	Mina D. Morris, Ph.D. Clinical Psychologist	Structure of Intellect From a Developmental Point of View--Is It Related To Learning?
February 9, 1968	William C. Healey, Ph.D. Asst. Superintendent Speech, Hearing, and Research Special School District St. Louis County	Diagnosis of Language Problems and its Educational Implications
March 8, 1968	Eleanore T. Kenney, Ph.D. Director of Miriam School	Diagnosis and Remediation of Auditory-Verbal Dysfunctions
April 5, 1968	Ruby Long, Ed.D. Director of Diagnostic and Adjustment Center	Educational Implications of Learning Disabilities
May 3, 1968	Interdepartmental Evaluation of Workshop Series. (St. Louis Public School Participating Members)	

CO-OPERATIVE IN-SERVICE WORKSHOPS

Co-Sponsored by:

Psychological Staffs of the Division of Pupil Personnel Services and the ESEA Title III Diagnostic and Adjustment Center.

Purpose:

To provide a series of six half-day workshops open, on an invitational basis, to certain St. Louis Public School specialized instructional staff.

Theme:

The teaching-learning process from a developmental point of view.

Workshop Leaders:

All are professionally prominent in the Metropolitan St. Louis area as activists in specialized instructional areas. Assessment and instructional programming for children demonstrating varying degrees of developmental deviations which necessitate prescriptive teaching are their major daily concerns.

Research and classroom approaches geared to facilitation of maximal development of the abilities of all students is the goal of each. Workshop content will be directed particularly to this goal.

MEETING PLACE:

Audiovisual Education Building
1517 South Theresa Rooms 210-211

TIME:

1:00 p.m. to 3:45 p.m.

DATES:

November 10, 1967

December 8, 1967

January 12, 1968

February 9, 1968

March 8, 1968

April 5, 1968

May 3, 1968

See more detailed listing attached.

TO: The Staff, Division Pupil Personnel Services

FROM: In Service Staff Development Committee

SUBJECT: Agenda for Staff Development Meetings from November, 1967, through May, 1968.

The meeting place for the year will be Room 210, Audio-Visual Building. The central theme for the meetings will be " Why Children Fail." The subject will be dealt with each month under the following general headings:

NOVEMBER Under the special circumstances of the MSTA Convention, the regular staff meeting will be changed to Thursday, November 2, 1967, at 2 PM. Kiel Auditorium, Committee Room 3B. The topic is: Teaching Children with Learning Disorders.

Jane Buri, In Service Staff Committee Chairman for this meeting.

* DECEMBER 1, 1967, - 1:00 P.M.
Program to be presented by Staff of ESEA, Title III, Diagnostic and Adjustment Center.

James McKenna, In Service Staff Committee Chairman for this meeting.

JANUARY 5, 1968, - 8:30 A.M. Special focus on the roles of the counselor and the school social worker.

Regina Edwards, In Service Staff Committee Chairman for this meeting.

FEBRUARY 2, 1968, - 1:00 P.M. Focus on the psycho-social aspects of the home as related to the central theme.

Virginia Feuerbacher, In Service Staff Committee Chairman for meeting.

MARCH 1, 1968, - 8:30 A.M. The involvement of the school as related to the central theme.

Thelma Frost, In Service Staff Committee Chairman for this meeting.

APRIL 5, 1968, - 1:00 P.M. Evaluation of the new program of police intervention in truancy.

Maxine Freeman, In Service Staff Committee Chairman this meeting.

MAY 3, 1968, - 8:30 A.M. The concept of self-esteem in the child as related to the central theme.

Dorothy Woods, In Service Staff Committee Chairman for this meeting.

We have endeavored to fulfill the wishes of the members of the staff with reference to advance notification of the subject matter to be presented, together with dates and time. Even more important than this, we worked toward a schema whereby each member has the freedom of choice in the selection and planning of the particular meeting which seems most appealing. We trust everyone understands participation is expected.

Frances Young, Co-chairman Dorothy Woods, Co-chairman Thelma Frost, Secretary

SUBJECT: Program Agenda for Staff Meeting with Pupil Personnel Division
TIME: 1:00 p.m. Friday, December 1, 1967
PLACE: Room 210, Audio-Visual Building
THEME: "Why Children Fail"

*The staff of the Diagnostic Center will present five 15 minute papers on some various aspects involved in working with children who have learning disorders. The following is the agenda for this meeting:

1:00 p.m. - 1:05 p.m. - James A. McKenna, Moderator

** 1:05 p.m. - 1:20 p.m. - Mrs. Jean Hazzard, Educational Psychologist
Topic: - "Use of Diagnostic Testing in Identification of Learning Problems"

1:20 p.m. - 1:35 p.m. - Mrs. Gloria Gilbert, Coordinator of Instruction
Topic: - "Teaching the Child with Learning Disabilities"

1:35 p.m. - 1:50 p.m. - Miss Doris Harrington, Guidance Counselor
Topic: - "Counseling the Child with Learning Problems"

1:50 p.m. - 2:05 p.m. - Mrs. Jane Hanneken, Supervisor of Motor and Perceptual Skills
Topic: - "Meeting the Child's Developmental Needs Through Motor Training"

2:05 p.m. - 2:20 p.m. - Mrs. Ruth Selden, Social Worker
Topic: - "Helping the Family of the Child Assigned to a Diagnostic Center"

2:20 p.m. - 2:40 p.m. - Summation and questions from Staff

2:40 p.m. - 3:15 p.m. - Coffee and refreshments

MEMO TO: Staff Panelists and Moderator
FROM: Jean Hazzard
** RE: Outline of Psychologists' Presentation December 1 - Division of Pupil Personnel

The Use of Diagnostic Testing in Determination of Learning Disabilities

I. Purpose of testing

  1. Determine cause of disability
  2. Determine present functioning
     a. achievement level
     b. intellectual level
     c. perceptual patterns
     d. personality characteristics as they bear on learning

II. Instruments used
  1. Psychological battery
  2. Perceptual battery
  3. Achievement battery

III. Use of results in program planning

  1. Remedial work
  2. Level of academic work
  3. Needs for better ego-functioning

IV. On-going use of tests

  1. determination of gains or losses
  2. reassessment of needs

ELEMENTARY

COUNSELORS' WORKSHOP

ESEA, TITLE III

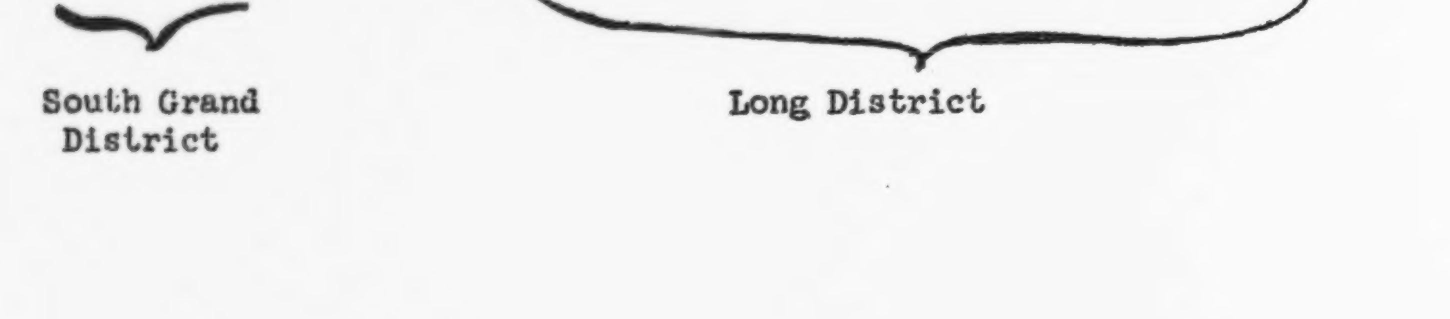
DIAGNOSTIC AND ADJUSTMENT CENTER

Thursday, January 11, 1968

6651 Gravois Avenue

Office - FL. 3-9215

Counselors- FL 1-1387


Shepard
Long
Gardenville
Buder
South Grand District
Long District

A Capsule View
# of the
DIAGNOSTIC AND ADJUSTMENT CENTER

The Pilot Project, inaugurated in June, 1966, is funded by means of a grant from the U.S. Office of Education. Now in its operational phase, the Center serves thirteen schools in the Long and South Grand Districts. There are two adjustment classrooms (one primary, one intermediate) each in the Buder, Gardenville, Long and Shepard Schools.

The composition of classes include children whose level of achievement and behavioral difficulties deviate from the norms aligned with regular classroom standards and expectations. These children are identified through diagnostic procedures as being emotional and/or socially maladjusted and educationally retarded because of specific learning disabilities.

The Center uses an interdisciplinary approach in providing services to exceptional children. Representative services which revolve around academic instruction are Psychology, Social Work, Counseling and Guidance, and Psychiatric Consultation. Additionally, research designs are being devised.

Uniquely, Team operation begins as a referral is received. The screening process includes:

...... obtaining a complete social, developmental and family history (Social Worker)
...... administering and interpreting a psychological battery (Psychologist)
...... evaluating child's perceptions of self and environment (Counselor)
...... identifying achievement level and perceptual deficits (Educational Diagnostician).

The Staff Conference incorporates evaluations of the Director, Psychiatrist, and Coordinator of Instruction, diagnostic reports and decision-making. The Diagnostic Team also operates to plan and facilitate individual remediation programs purposed in fostering maximum functioning in educational achievement and personal adjustment.

The Project operation is further enhanced through (a) on-going research analysis--data from the pilot phase is currently being processed and (b) use of the Social Exchange Theory (experimentally) in two classrooms. The rationale of this theory is based on operant conditioning techniques.

The ultimate goal of the Diagnostic and Adjustment Center is to provide service in identifying and remediating a stratified sampling of exceptional children supports the comprehensive educational objectives of the St. Louis Public Schools.

COUNSELING THE CHILD WITH LEARNING PROBLEMS

"How can I interfere in his impulsivity . . . . . frustrate the dumb response?"

" . . . . appears to have internalized his hostility . . . ."

" He seems to go out of his way to get punished by somebody."

"We try to reward his good behavior, but he makes it difficult."

(Remarks made by staff members after diagnosis of child with emotional problems.)

"Johnny seems to have normal intelligence, but he just can't catch up in his reading with the rest of the class."

"Joe is very impulsive and at times insulting."

"Sally sounds so intelligent, but her performance doesn't come up to her verbal ability at all."

"Bill is such a nice boy . . . . clumsiest thing and fidgets constantly."

(From "Who Is This Child?" by E. F. Lehman and R.E. Hall)

Outline of Procedures

I. Screening

A. A scheduled interview is conducted with the child purposed in eliciting information about the child's perception, feelings, and knowledge of himself and his world.

B. Instruments used during the intake process are:
1. An interview form
2. Vineland Social Maturity Scale
3. Pre-Counseling Inventory

C. Following staffing, acceptance, and placement, the child is prepared for entry into an adjustment classroom. The Counselor of the team to which he is assigned usually performs this service.

II. Counseling Process

A. Immediate goal behavior which may ameliorate or alleviate present deviant behavior patterns is the focus of a counseling session. The ultimate goal of counseling is child behavior role modification academically, emotionally and socially.

B. Counselees are usually seen in half-hour individual sessions which allow opportunity for (1) identifying the problems; (2) exploration of feelings related to present behavior patterns; (3) developing skills and establishing goals; (4) devising means for modifying behavior. Group guidance sessions are conducted for the development of improved self-understanding and social relationships.

C. Specific means for expression to learn about and explore the child's world include:
   1. verbalization
   2. play materials
   3. art media
   4. role-playing

D. Evaluation techniques and tools which are presently being used:

   1. teacher's observations
   2. counselor's observations
   3. anecdotal records
   4. sentence completion scales
   5. charting frequency of target behaviors

III. Goals in on-going diagnosis

A. Continue to assist children in establishing realistic goals.
B. Development of competency in differential diagnosis.
C. Exploration of ways and means for helping the child to function with ease emotionally and socially.
D. Structuring, with the Team, the necessary guidelines for changes in curriculum, social development, etc.
E. Developing and refining, through research, techniques for evaluation of counseling effectiveness.

> . . . . ."The emotionally disturbed child is one who because of organic and/or environmental influences chronically displays;
>
> (a) inability to learn at a rate commensurate with his intellectual, sensory-motor, and physical development
>
> (b) inability to establish and maintain adequate social relationships
>
> (c) inability to respond appropriately in day-to-day life situations
>
> (d) a variety of excessive behavior ranging from hyperactive, impulsive responses to depression and withdrawal." . . . . .

by Norris G. Haring
from Behavioral Research on Exceptional Children ; Samuel A. Kirk and Bluma B. Weiner (Editors); Council for Exceptional Children, NEA; 1963; Chapter 10

CASE STUDY

The Story of Sam

REFERRAL INFORMATION

Sam, an 11-year-old, white male, was referred to the Diagnostic Center in November, 1966. Referral was made by the social worker and teacher of a Southwest St. Louis elementary school. Precipitating factors resulting in this action were poor classroom behavior and learning difficulties. Previous psychological test results indicated poor visual perception and some spasticity.

SCHOOL BACKGROUND

At the time of referral, Sam was age nine years, 11 months and was enrolled in a third-grade class. He has had learning problems almost since entry into school. Sam's school behavior was characterized by aggressiveness, impulsivity and restlessness. Although school adjustment has been poor, he seemed to like school.

Sam became a candidate for the Diagnostic Center and was transferred to one of our Intermediate Adjustment Classes in November, 1966.

HISTORY AND FAMILY BACKGROUND

Sam is the oldest of two children. His brother is age five. His parents have been married for fourteen years. Both parents (as of Nov., 1966) are concerned about Sam's problems, though the father feels that the problems are not too serious. They prefer that he remain in the regular classroom.

Sam spent the first five years of life apart from his mother who was then employed five days a week. The mother feels that this caused emotional deprivation and perhaps contributed to the onset of school difficulties.

Sam's infantile independence development was aided mostly by his grandmother. He walked by 14 months and was completely toilet-trained by age two. Since birth he has had a problem with closed bowels. A psychiatrist explained that there was probably an emotional block. Sam's mother feels that he attempted to elicit undue attention and she decided to ignore the problem.

When Sam was about six weeks old, an operation was performed on his left hand which had six fingers and one of his right foot which then had six toes. He had tonsillitis until age five when the tonsils were removed. Childhood diseases included scarlet fever, measles, chickenpox, mumps. Nervous symptoms included biting his nails, playing with his nose and sucking his thumb at night. He was also headstrong and cried very easily.

Sam had good neighborhood peer relationships, but he was socially immature, impulsive and restless. He does relate well to his little brother but is sometimes very selfish. He is interested in drawing, taking things apart, church work, and being on a farm.

INITIAL INTERVIEW WITH THE CHILD

During the interview, (conducted by a Staff Intern Counselor) Sam was fidgety but cooperative and talkative. He resorted to thumb-sucking from time to time.

Sam seemed to place a great deal of importance on family relationships and demonstrated pride in his family unit. He seemingly felt some impact from his father's religious conversion and his threatened suicide. Both events occurred about the same time (late 1966). Sam seemed to continue to fear that the family might be broken up by some crisis such as death, divorce, etc.

Sam's social life outside the family was often disrupted by fighting. He says this happened almost before he could think. He doesn't understand why he fights and seemed to feel unhappy about it. But he also seemed to feel that he was not completely responsible since these incidents were partially out of his control.

Sam spoke fluently, demonstrating an adequate vocabulary and his intelligence was judged as being in the normal range of functioning.

INITIAL TEST RESULTS AND INTERPRETATIONS

Sam was tested in the Reading Clinic in 1965 and was also seen by a psychiatrist at Cardinal Glennon Hospital that same year. In November, 1966 the Diagnostic Center Staff administered psychological and educational tests to Sam. The following is a summary of test findings:

WECHSLER INTELLIGENCE SCALE FOR CHILDREN

Verbal IQ - - 95   Performance IQ - - 101   Full Scale IQ - - 98

The IQ of 98 places the subject in the normal range of intellectual functioning.

RORSCHACH PROJECTIVE TECHNIQUE

Responses indicate that subject's aspiration level is probably too high, and that he might have strong intellectual strivings. Strong drive may be due to desire to compensate for inadequacy, weakness, and lack of ability to assert self when dealing with others. Probable indulgence in considerable fantasy as source of satisfaction. Reaching out for comfort and affection.

BENDER VISUAL MOTOR GESTALT TEST

DRAW-A-PERSON TEST

Indicated feelings of deep aggression and anger toward world. Drawings, however, indicate great concern about control of expression of hostility and thus there seems to be tendency to control emotions. Seems to have certain degree of contempt for persons in authority. Implied concern about social relationships and outward appearances.

THEMATIC APPERCEPTION TEST

Most of themes express aggression, anger and some stubbornness. Death, unhappiness and sickness also recurring themes. Tense and angry about life situations; longing for escape. Indications of experienced discord in home life which is causing a great deal of anxiety. Tensions are too strong to permit utilization of inner resources for solving problems. Indications also of conflicts in school, trouble with teachers. He seems to have great desire to have difficulties resolved in positive manner.

PSYCHOLOGICAL TEST PROTOCOL SUMMARY

At present is having difficulty feeling empathy toward and identifying with other people. Experiencing disturbed interactions with significant adults and peers. Striving to conform and to control emotions; resorts to fantasy for satisfaction. Tends to act out hostile and aggressive feelings, especially for meaningful object relationships.

DOLCH SIGHT VOCABULARY (220 words)

213 words Third-grade level Spelling age, 8-0

IOWA BASIC SKILLS TEST, FORM 4

Reading:		
Vocabulary - 2.7	Comprehension - 2.5	Average 2.6
Arithmetic:		
Concept - 2.9	Problem Solving - 2.7	Average 2.8

Recommended reading instruction emphasizing the auditory approach. Review of the telling of time, comparative size of numbers, and the addition and subtraction facts through 12 is needed. Instructional level in reading and arithmetic--high second grade; independent reading--high first grade.

COUNSELING--INDIVIDUAL AND GROUP

Counseling with Sam was initiated on January 3, 1967 and was terminated, temporarily, on April 27, 1967. He was seen in seventeen individual counseling sessions, the objective being to help him to develop a better self-image, to identify with significant adult figures in a positive manner, and to explore ways and means for relieving need for immediate gratification.

During those first weeks, Sam always seemed to be in trouble. He got into fights, was impudent with the teacher and argued with everyone in the class. In the counseling sessions, some of which might be considered as "crisis-counseling sessions" or "life space interviews", Sam gave vent to his anger quite readily. He always appeared to be very unhappy during those moments. In one session he sat in a corner, made angry remarks (talking to no one in particular) and cried. After a few moments a discussion was held concerning what had happened in the class, Sam's inappropriate actions and reactions, and why he became so angry. Suddenly, he began smiling and said that he was ready to return to his room.

Sam apparently enjoyed his weekends at home. He rode his bike, played with friends, and played games with his brother. However, the mother had indicated in family casework sessions that he seemed to dislike and was often mean to his little brother.

In subsequent sessions the sibling relationship was explored. These discussions usually evoked anger and a noticeable restlessness. Sam insisted that he loved his brother, that he enjoyed playing with him though they sometimes argued, and that they slept together occasionally to keep each other company. The degree of positive feelings toward the brother could not be determined. The Counselor decided that Sam either was repressing his negative feelings or that he did, in fact, like his brother and the occasional conflicts were misconstrued by the parents.

Much of the content of the sessions focused on Sam's attention-getting mechanisms. He seemed to be unaware of his many attempts to get attention. When Sam was confronted with the problem on several occasions he seemed to become more consciously aware of it and was able to realistically appraise what was being done and why it was being done. After some time, it was noted that there was a decrease in the number of times Sam tried to get attention in the class to satisfy his need for immediate gratification. Also, he began to put forth more effort to control himself and not lose his temper. Sam perceived another kind of situation as problematic. He felt that his teacher didn't like him because he often became angry with Sam. Actually the teacher was not unkind or rejecting. He either ignored deviant behavior or scolded Sam. In counseling, Sam came to realize that his teacher did like him but disliked the attention-getting mechanisms and the fighting.

Materials used during those sessions were clay, toy autos, scrapbooks and drawings. Also, a chart was kept on which stars were pasted. If Sam could get through a day with very few mishaps, he received a star. He seemed to look forward to this. When he thought that a star for the day was not deserved, he immediately said so. Sam's behavior was usually characterized by restlessness, scowling, and very rapid manipulation of objects. Gradually, he appeared to become more and more relaxed during counseling sessions.

During the entire process, Sam was the recipient of much guidance and direction from the teacher. His teacher, who at one point asked for help in determining how to "interfere in impulsivity", began employing techniques to help Sam control himself. He began anticipating inappropriate responses and blocked them. This done continuously and consistently, helped Sam develop inner controls and use his already present inner resources. In addition, this child experienced success, academically, on many occasions which further supported his developing sense of pride.

The Staff Social Worker, at the same time, worked intensely with the mother to help her modify her own thinking and behavior as it related to Sam and to develop a closer bond with her son. Sam casually mentioned in counseling that his mother was being so nice to him and openly affectionate. He literally sparkled as he talked about this. His mother, it appears, was able to see that in many instances her responses and reactions wer indeed perceived by her son as rejection.

Five group counseling sessions were held with Sam and a classmate. The two boys were having serious conflicts. . . During those sessions, they began to share and to help each other. The classmate would often say, "Sam, you don't have to get so mad. It's not that important." He proved to be a good friend to Sam in the classroom. It was later noted, from observations that Sam seemed to become less pre-occupied with personal problems, appeared to be less anxious, and enjoyed the new social developments taking place.

Of much significance in this case was the team work at play. It was felt at the end of last school year that Sam was indeed showing positive movement, academically, emotionally and socially, at school and at home.

Individual counseling was re-initiated in October, 1967. Sam has been seen in seven sessions. This is being done, primarily, to give him the needed support in re-adjusting after summer vacation. Also he appears to be regressing somewhat. There are, however, many signs of developing maturity, self-control, independence and responsibility. His sense of pride in accomplishment is reflected in such statements as "I don't fight so much anymore"; "I'm doing good school work"; "My teacher lets me . . . . ."; "My mom and dad helped me to . . . . ." Family Casework has not been re-initiated. Therefore, it cannot be determined at this time the degree of positive interaction between child and parents.

The team, in the near future, will meet to re-evaluate Sam's progress and try to determine whether or not counseling can be terminated permanently.

RE-TEST RESULTS AND INTERPRETATION

November, 1967

WECHSLER INTELLIGENCE SCALE FOR CHILDREN
Verbal IQ - - 100   Performance IQ - - 110   Full Scale IQ - - 105

Sam is functioning up to his intellectual capacity (IQ of 105 placed him in the normal range). Emotionally, he is dependent though aware of need to be independent of parental control.

THEMATIC APPERCEPTION TEST

Concerned with problems of parent-child relationship; parents'opinions are forced upon him. Wishes to emancipate himself from parental control. Reacts by withdrawing. Hetero-Sexual attitudes show much inter-dependence. Has good fund of knowledge pertaining to gaining set goals. Needs personal recognition and parental acceptance. Level of boyish vitality and curiosity below average, but functions in concern for others. Alert to emergency situations.

IOWA BASIC SKILLS, FORM 4
Reading:
Vocabulary - - 3.8 Comprehension - - 3.6 Average - - 3.7
Arithmetic:
Concept - - 4.5 Problem Solving - - 4.1 Average - - 4.3
Over-all Gains:
Reading - - one year, one month Arithmetic -- one year - five months

CASE STUDY

The Story of Don

REFERRAL INFORMATION:

Don, an 11-year-old white male was referred to the Diagnostic Center in September, 1966. Referral from the school social worker lists grade as E_2 and concerns social maladjustment, inattention, aggressive classroom behavior, poor social control and poor academic achievement. He was withdrawn from school on 1/66 because of psychological and/or organic problems.

Previous referrals to Hyperkinetic Clinic (Children's Hospital) and School Psychological services had been made. Results were diagnosed as organic aspects to testing; somewhat violent home life; Hyperkinesis. Recommendations--drug therapy.

At the time Don was seen at the Center, his attending physician at Children's Hospital notes the use of drug therapy and weekly psychotherapy.

SCREENING INFORMATION: 10/66 SUMMARIES

Social History: Don is the fourth of five children (three older sisters and a younger brother). His parents have been married 19 years. Don has always lived with his family but was without his father (from age two) for more than a year during a marital separation.

Don's first four months of life were patterned by continuous crying, skin irritations, continuous hunger which necessitated supplementing baby food with bottle feeding at two months of age. His mother described her pregnancy and delivery as normal. Toilet training and motor development was slow. Speech developed normally.

Family problems of marital maladjustment and constantly moving are viewed as influences in Don's emotional and social development. His behavior is described by mother as dependent. Feelings of extreme insecurity and poor relationships are exhibited. Additional symptoms listed were early thumb-sucking, enuresis, resistance to school, withdrawing into small spaces, and destructiveness in taking toys apart.

Don attended two public schools before withdrawal from the second school. He has experienced few successes in the school environment. Periods of unstable home life and borderline support from parents have been compounding problems.

Recommendations: Placement in small structured classroom and concurrent parent counselings

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PSYCHOLOGICAL: Test Battery: WISC: D.A.P.; Bender Gestalt: T.A.T.; Rorschach; Benton Visual Retention

The test battery revealed evidence of anxiety, uncontrolled aggression, and gross signs of depression.

WISC SCORES - Verbal -- 87 Performance - - 92 Full Scale - - 88

Clues to disturbed parent-child relationships are given by responses to the D.A.P., T.A.T., and Rorschach Tests. He feels parental rejection which he seems to deeply resent. He's ruled by immediate needs for gratification and tends to "act-out" feelings of anxiety, aggression, anger and hostilty.

Marked emotional disturbance, mild confusion and distorted imagery leave him apathetic and withdrawn.

COUNSELOR DIAGNOSTIC INTERVIEW:

Don was calm and relaxed showing little evidence of suspiciousness about interview. He fidgeted little and was quite friendly with the interviewer.

Evidenced aspects of maturity and self-confidence were noted. His awareness of problemed behavior was expressed as "blowing his top" when things become too difficult to cope with. This behavior occurs in school and at home.

He spoke of school with dislike, especially about the action and noise that characterizes the normal classroom. When distracted by them, he loses his temper.

At home there seems to be no escape from noise and family arguments. He's experienced few warm peer or sibling relationships.

Don's life is overwhelmed with frustration. His reactions of fits of temper, over which he has no control, leaves feelings of guilt. Repeated failures in academic achievement, inter and intra-personal relationships warrants his need for individual attention.

EDUCATIONAL REPORTS:

CAT UP-W administered 10/66	Reading	(average)	3.2
	Arithmetic	(average)	3.2
	Sight Vocabulary		190 (Dolch Words)

BEERY (Developmental Form Sequence test)
Analysis: Difficulty in making associations and retention of copying forms. Perceptual motor training is recommended beginning with gross motor activities progressing to body image--awareness of self, continuing to fine motor activities.

I.T.P.A. (Illinois Test of Psycholinguistic Abilities)
Difficulty processing auditory stimuli to understand what he heard and then what action is related to what he heard. Expressive area deficits in lacking the ability to verbally characterize simple objects were noted.

FROSTIG (Developmental Test of Visual Perception)
The lowest are (6 years and below) were Eye Motor Coordination and Figure Ground. Scores of 8 year level were made in Spatial Relationships and Position-in-Space. The highest area scored was Form Constancy (level--9 years) --the ability to discriminate geometric figures.

Conclusions of the Clinical Staff Conference were Cerebral Dysfunction with accompanying learning disabilities; emotional disturbances. Don was assigned to the Intermediate Adjustment Classroom.

Individual Counseling sessions were started on 1/67, twice weekly of thirty minutes each. The immediate goal was to provide Don the opportunity for a supportive relationship necessary in effecting communication.

COUNSELOR SUMMARY:

Don was immediately cooperative and accepting of the one-to-one relationship. His apparent difficulty in verbalizing was aided by art and play media. He slowly became able to release feelings and perceptions of his world in a descriptive manner. Areas of stress were at first rejected by Don whereby he would become fixed in facial stares, rigid body positions and no verbal responses. Gradually he could assume responsibility for unacceptable behaviors and seek solutions.

The verbal content of the sessions began as Don fantasized events and projected himself as the hero. He talked constantly of monsters, after mimicking same, and ideas of hurting and/or being hurt. Tendencies to distort situations as a compensation for temper outbursts offered the Counselor an opportunity to interpret situations realistically. Thus, new awareness of a situation together with a helping hand motivated the desire to seek success. Don began to volunteer information of a crisis in the classroom--how it started, his responsibility as a participator and his feelings toward others and himself.

Two immediate classroom behaviors that he wished to change, or at least improve, evolved as beginning his assignments promptly and asking for help immediately when he became confused. Don and the Counselor were able to determine these goals and retain consistent interest in them. Don's very small successes were always rewarded by the teacher and the counselor. Soon efforts toward larger goals could be realized. Work assignments were being completed or tolerated more comfortably.

Apparent signs to seek peer relationships were noted. Don had made a friend with whom he associated at recess and later each lunch period. Don was more relaxed, friendly, easier to reason with and generally happy with school.

As school became more comfortable, other troublesome areas could be explored. Communication of family problems involving him were mentioned. The earlier reticence to mention personal incidents at home that were upsetting could now be discussed. It was discovered that early morning problems at home were being brought to school and climaxing in a classroom crisis before 9 A.M. many mornings. In time, Don was able to separate family provocations from peer aggravations and handle each in a more tolerable manner.

Long range goals for Don include developing increased attention span allowing greater concentration in classroom assignments; increased tolerance of frustration; greater coping behavior; realistic perceptions necessary for a positive self concept; successful peer relationships. Counseling is continuing productively.

The counselor is in continuous contact with Don's teacher. Counselor observation and teacher feedback enhances consistent efforts and information exchange. In addition, team meetings are dev oted to evaluating Don's total progress. Each discipline member involved specifically with him contribute data and information to the on-going process of diagnosis and remediation.

FAMILY CASEWORK:

In accordance with the team approach, progress with the family has been made by the Staff Social Worker. Weekly contracts have noted gains of increased parent understanding of the child's educational problems and some modification in the handling of discipline problems. Don's mother has attended parent group discussions regularly. Continuing plans include the goal of increasing the father's involvement.

Evaluative measurement of behavior change in the academic setting is still best inferred from test instruments. The following retest data and teacher report suggest changes have occurred.

WISC (10/22/67)

	Verbal IQ	Performance IQ	Full Scale
	- - 99;	- - 108;	- - 104;
Gains - - - -	12 pts	16 pts.	16 pts.

CAT-UP-W (11/8/67)		Gains
Vocabulary - - -	3.5	.6
Comprehension - -	3.7	.3
Reading Average -	3.6	.4
Arithmetic Concepts	4.0	.9
" Problem Solving	3.9	.1
" Average	3.9	.7

TAT:

Don is beginning to strive for achievement. It has become important thus relatively creating a framework for gaining a goal. He still has a general fear of frustration but can differentiate reactions to specific types. It seems as if he can tolerate and cope with states of physical lack (poverty), but not of loss, particularly in parent-child relationships and peer relationships. These situations evoke traumatic themes ending in murder or death.

Elements of despair and irrational anger toward peers were brought out and interpreted as probable misinterpretations of other's motives. He possesses a system of learned "right" answers, as is typical of his age group, which equips him with a probably shallow understanding of appropriate social roles. There is still evidence of underlying impulsive, anti-social tendencies which serve overtly, on accasions, as immediate threats or expectations of threat of self through rejection.

In summary, Don has improved even with apparent needs yet to be explored. Within the educational setting, there are evidences of learning which in fact represents the goal. A projected degree of continuous change, within a framework of apparent limitations, is yet to be determined.

"Biologic damage, as manifested in the brain-injured child, is not the sole etiological factor in the determination of behavior . . . . Consequently, the evaluation of behavior begins with the diagnosis of his organic disease, in terms of severity, it's location and pathogenesis, must be properly extended to the investigation of his psychological, maturational, and environmental history . . . . The organic child tends to be hyperkinetic, hypermotile, uncontrolled, or at the other end of the scale, extremely inhibited and hypokinetic . . . . . His behavior is restless, with constant motility, darting from interest to interest, from object to object, urgently grasping, urgently discarding, continuously seeking, grasping, investigating, handling . . . . . His concentration is poor, his attention span is short. His hyperkinetic behavior may also be accompanied by sudden rages, irritability, lability, and uncontrolled impulsivity" . . . .

by Harold Michal-Smith
from The Special Child in Century 21;
1964; The Special Child Publications;
57-67

GROUP GUIDANCE

Diversified approaches to group guidance now existing in the elementary school usually occur in implementation rather than philosophy and objectives. Since guidance services involve developmental and longitudinal study of the individual child, the opportunity for group work facilitates observing growth patterns, characteristics, needs and problems. Specifically, the method provides the opportunity for achievement of desirable goals (group and individual) and contributes to good personal-social growth of the group members.

Group guidance in the Center is utilized through classroom discussion groups. These groups vary according to the room composition. In the intermediate classrooms, they are either Counselor or Teacher directed. Each group consists of the eight boys, the Counselor (as group leader or observer), the teacher (observer or leader) and the assistant teacher. The goal of child participation is defined and each boy quickly assumes responsibility to participate freely, citing topics, experiences, understandings and questions he wishes to explore. This non-structured approach varies, when necessary, with more structure via audio-visual aids, and other materials. The use of field trips, limited vocational explorations, and group projects also evolve.

The following example of group sessions held will hopefully clarify, in capsule form, the functions and operations of group sessions.

School A

Six boys (two absent) were called together by the classroom teacher to form a circle with their chairs. The teacher, assistant teacher and counselor (whom they know) joined the circle.

Observation: The boys complied with giggles and curious looks at one another.

Counselor: "Today we will start a new activity on which we will talk about things you wish. This will be a time when you can discuss things you are interested in (hobbies, school, buddies, home, problems, etc.) or ask questions or use the time as you want. If you find you enjoy talking together this way, we will continue each Monday. The only rules to remember are to talk one at a time and listen when someone else is speaking."

Jerry: "I don't have nothing to talk about"(rather hostile voice; legs moving constantly; fingers twisting; slightly frowned brow).

Dink: (loud laugh, big smile) "Yeh, what for? We don't know nothing to say. (Pause). But I can tell about Larry smoking"(pointing finger--loud giggle).

Larry: Loudly, half raising from chair--angrily "Oh, I don't either, mind your business, Dink. (Softer) I'll get you later."

Group Guidance

Counselor: to Larry--"You don't like what Dink said because you feel he's fibbing on you."

Larry: "Well kinda but it's not his business. He does too." (Background--Dink--"You do too." Jerry--"Yea, I saw you.")

Counselor: (To Group) "You've forgotten the rule of talking one at a time. Maybe we can all talk about the advantages and disadvantages of smoking. Shall we?"

Ronny: "It makes you stop growing" (prideful voice, sparkling eyes). Everybody laughs.

Jerry: "My dad smokes and he didn't stop growing."

Dink: "My mom told me she'd break my neck if she caught me smoking."

Larry: "See there, I told you he smokes." (Smiling, clapping hands).

Dink: "Yeh, so what (small smile). We both do. Jerry and Lon do it too. We've all been together after school."

Lon: (Startled look--no verbal response.)

Jerry: "I never said I didn't. It's "OK" (head down, hand's wringing).

Ronny: "I'm glad I don't. It's nasty."

Dink: "How do you know--you're just scared." Jerry (at the same time) "Yeh, ain't you the hero."

Counselor: "Perhaps now that we're beginning to be honest, we probably feel better. We seem concerned about whether or not we should smoke. Maybe you're smoking (Ronny--quietly--"not me") to be a big guy with your buddies. Maybe it looks like a way to have fun. We have discovered it's not good for our health. Can we find other ways of doing some of the things I've mentioned or would you continue doing harm to yourselves? What about you, Ben--any comments?" (No response from Ben.)

Larry (interrupts)"I haven't done it that much." (Arms crossed, serious facial expression.)

Jerry: "It don't hurt me none." (broad facial grin, giggle, legs and hands restless)

Counselor: "Our time is over for today. Shall we have this again next Monday?"

Four Boys: (at the same time) "I don't care!" "It's O.K.!" "Yes" (two boys)

Counselor: (Continues) "Well, you really did have something to say, didn't you? You seem to enjoy the opportunity to talk together. Next week we can continue with "smoking" if you like. We may want to think about how our parents feel about smoking habits. You're a good group."

You will note five boys participated, four of them carrying the conversation. The Counselor attempted to involve the sixth boy but it was immediately obvious that he didn't want to and he wasn't pressured to do so.

The following meeting began with smoking and branched on into pranks they had participated in before and after school. As the session became close to the end, the Counselor proposed the boys may enjoy a visit from the district Police-Community Relations Officer. Also, the boys decided they would enjoy a field trip to the Police Academy. Both ideas were planned and enjoyed.

In summary, the atmosphere of freedom, acceptance and interest generated enhances individual growth. Self-understanding and social relationships are also furthered through stimulus stories and role playing.

SELECTED READINGS

GUIDANCE AND COUNSELING

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Krumboltz, J.D.,	REVOLUTION IN COUNSELING
McGowan and Schmidt,	COUNSELING READINGS, THEORY AND PRACTICE
Peters, H. J. and Farwell, G.F.,	GUIDANCE: A DEVELOPMENTAL APPROACH
Rogers, Carl,	CLIENT-CENTERED THERAPY
Stiller, Alfred,	SCHOOL COUNSELOR, 1967: A VIEW FROM WITHIN
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EMOTIONALLY DISTURBED

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Bethelheim, Bruno	LOVE IS NOT ENOUGH
Clark, D. H. and Lesser, G.S.	EMOTIONAL DISTURBANCE AND SCHOOL LEARNING
Glasser, William	REALITY THERAPY
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Long, Morse, and Newman	CONFLICT IN THE CLASSROOM
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Rubin, Elizabeth,	EMOTIONALLY HANDICAPPED CHILDREN AND THE ELEMENTARY SCHOOL

LEARNING DISABILITIES

Bateman, Barbara,	LEARNING DISABILITIES-YESTERDAY,TODAY AND TOMORROW, Journal of Exceptional Children V. 31, No.4,Dec.,64
Clements, Lehtinen, Lukens,	CHILDREN WITH MINIMAL BRAIN INJURY
Cruickshank, Wm. and Others,	A TEACHING METHOD FOR BRAIN INJURED AND HYPERACTIVE CHILDREN
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Lewis, R., Strauss, A. and Lehtinen, L.,	THE OTHER CHILD: THE BRAIN INJURED CHILD
Long and Newman,	THE TEACHER'S HANDLING OF CHILDREN IN CONFLICT
Myklebust, H.R.,	AUDITORY DISORDERS IN CHILDREN
Redl, F. and Wineman, D.,	CHILDREN WHO HATE
Wood, Nancy E.,	LANGUAGE DISORDERS IN CHILDREN

APPENDIX D

Brief Service Diagnostic Program

DIAGNOSTIC PROCEDURES - Brief Service

Principals send referrals to the Diagnostic Center secretary, who records the referral information. The case is then sent to the Social Work Department, who gives the assignment to Psychological Services. The Psychology Department assumes full responsibility until final disposition of the case is made.

The following procedures are:

1. After the case is assigned, the principal is contacted to indicate it was received and initial testing is scheduled.

2. A conference to discuss referral material is held with one other psychologist. The initial testing battery is determined and other needed information is compiled.

3. If further social history is needed, it is requested from the referring School social worker through the principal.

4. Counselors and educational diagnosticians are consulted when necessary.

5. The supervising clinical psychologist and the consulting psychiatrist discuss each case with the staff.

6. The participants of the staff conference is determined by the consultant. Considerable flexibility is possible.

7. Reports bring together all relevant factors: not psychological findings only. Reports are written after the staffing, and include a report to the teacher with suggestions for the educational program.

BRIEF SERVICE REPORT

Name:
School:
Date of Birth:
Date of Evaluation:
Examiner:

Presenting Problem: Educational Retardation
Tests Administered: Wechsler Intelligence Test for Children
Illinois Test of Psycholinguistic Abilities
Frostig Test of Visual Perception
Bender-Gestalt
Wepman Auditory Discrimination Test
Thematic Apperception Test
Gray Oral Reading
Dolch Word List
Diagnostic Test of Word Perception Skills
Diagnostic Spelling Test

Behavioral Observations:

Through three separate testing periods Terry worked with good concentration and a high level of interest. He was consistently friendly, pleasant and cooperative, particularly enjoying performance and manipulative tasks, but showing a minimum of anxiety even in verbal and reading tasks when aware of failure. He verbalized no more than was necessary. He uses his right hand in writing, both hands evenly in manipulative tasks, and works with his face about six inches from the paper on reading and writing tasks.

Potential for Learning:

On the Wechsler Intelligence Scale, Terry scored a Verbal IQ of 85, Performance IQ of 124, and a Full Scale IQ of 104. This places him in the average range of intellectual functioning, although the unusually wide gap between verbal and performance areas suggest some very real problems in academic learning.

Strengths: Visual-Motor Coordination
Spatial Perception
Organization of concrete objects into wholes
Memory for visual symbols

Weaknesses: Verbal and abstract reasoning
Vocabulary knowledge and use
Vocal expression and fluency
Auditory Memory
Association between seeing and speaking, hearing and writing

Disability Analysis:

Word Perception Skills:

- Knows letters except I and L.
- Knows consonant sounds, but has difficulty blending them with vowels
- Ending consonants frequently omitted (i.e. "d" or "t")
- Problems with diphthongs and digraphs
- Internal reversals
- Syllabication difficulties
- Poor use of context clues
- Gray Oral Reading level: 3.2
- Spelling level: 43rd percentile for grade 4.

Probable cause of disability:

- Physical condition of tongue during early years of language development (clipped tongue at age 5)
- Possible lack of verbal orientation in family; little cultural stimulation on verbal level
- Inherent greater strength and hence greater satisfaction in concrete, manipulatory performance tasks.

Personality Patterns Relevant to Learning:

Terry appears to have a basic need to achieve, although he has been discouraged by past failures. Projective testing indicated that he is hopeful and optimistic about his ability to overcome his present problems, that he will accept help from others and also make an effort himself to achieve to the best of his ability.

Suggested Methods of Remediation:

1. Check Terry's vision. He works very close to his paper.
2. Use the high level of motivation and visual-motor strengths by providing opportunities for success in his special manipulating skills.
3. Encourage verbalization in the classroom situation; praise attempts to express verbally ideas or information in subject matter or everyday events.
4. Provide remediation exercises in:
    a. associating vowel sounds with written symbols (especially digraphs and diphthongs.
        drill: from sound to written symbol
        from written symbol to sound
        hearing to writing
        seeing to oral reading
        listening (eyes closed), then reproducing orally and by writing
    b. context clues
    c. rules of syllabification
5. Use language material for his level; get a good reader to help him regularly.

6. To encourage auditory skills for entire classroom, use rhymes, jingles, poems, songs, rhythms such as Morse Code.
7. Encourage accurate pronunciation; speak slowly and clearly; do not turn back when speaking.
8. Arithmetical concepts should be taught using Terry's particular strengths in spatial concepts. Structural Math, the number line, use of abacus, and translation of problems into geometric terms are all methods that should be helpful in building arithmetical skills.

APPENDIX E

Diagnostic Center
Summer Program

DIAGNOSTIC CENTER SUMMER PROGRAM

Lake ______ near St. Louis, Mo., is well named. In this private residential area, the water is unbroken and the woods cool and quiet by the water's edge. Each Wednesday the sounds of children's voices break the stillness.

Fifteen children march in pairs, exactly an arm's length apart. "Hup, one two," they chant. A tall, grey-haired man who looks like a typical scout master leads the group which includes five parents.

Actually the leader, Mr. A, a social worker, and the children following him in orderly lines are a group of emotionally disturbed children with learning disabilities enrolled in special elementary classes of the Diagnostic and Adjustment Centers of the St. Louis Public Schools. The trip to Lake _____ is a weekly summer outing, part of a unique parent-operated summer program.

"Would you believe that little girl there leading the 'troops'," Mr. A said, referring to an eight-year-old girl happily chattering as she marched, "had five temper tantrums at her home yesterday."

With the exception of one fight, the children behaved like any children on an outing, collecting snails, hiking, chattering constantly.

Later while the children stood in line for koolade, Mr. A remarked, "Can you imagine that these children are hyperactive or emotionally disturbed? Before they came to the Center, just about everyone had given up on them. No one, not even their parents could control them."

A parent standing nearby confirmed this diagnosis, "I couldn't even catch my boy, much less do anything with him. He wouldn't study, he wouldn't even put on his own clothes. My husband and I were at our wits end."

Although of normal intelligence, these children have not been able to adjust to an ordinary classroom. During the winter they are enrolled in eight special classes in the newly-established Diagnostic and Adjustment Centers located in four schools in the Long and South Grand school districts and financed with ESEA, Title III federal funds. Termed hyperactive, emotionally disturbed, brain-damaged and perceptually handicapped, the children have one common denominator -- extreme learning problems.

Originally Mr. A was assigned only to maintain contact with the parents of children enrolled in the classes during the summer. During one of the parent discussion groups earlier in the summer, the parents expressed concern to him because their children couldn't attend an ordinary summer camp. They were afraid all the good effects of the special classes would be lost.

"The six-week program that evolved out of this discussion was entirely the parent's doing," Mr. A stated, although he was responsible for its organization.

The parents run the whole show, he says. They alternate as guides and drivers and foot the entire cost of the program. "Their cooperation has been one hundred per cent," he said, "They're a social worker's dream."

Since July 25 the children have had a full schedule of trips to the YWCA twice a week for swimming, softball games on the school playground, handicraft lessons, tours of Grant's Farm, the Museum of Transportation, the Planetarium, KTVI, the Zoo and the Police Academy. The children meet on lake front property owned by parents of one child for their day at Lake _____.

"The summer program is really for the parents as much as for the children," Mr. A explained. "By watching, the parents can learn some of the special methods used in the centers to handle their children. Another side benefit one parent said is, "We can talk over our common problems."

"Actually I had a selfish end in mind when I set up the program," Mr. A said, "I get a unique chance to watch the parent-child relationship in action. It's the best way I know of to become acquainted with the parents."

The big question mark from the beginning was the children. How would they react in situations outside the carefully disciplined classroom? The answer in the three weeks the program has been in operation - is just like any other children.

The parents believe the answer is Mr. A. Much to the admiration and awe of the parents the children obey the former army sergeant without question.

However, it's not just a matter of authority according to Mr. A. It's a matter of setting down two simple rules. "The first thing I did was to set up one unalterable rule -- to stand in line. When I say 'line up,' they must line up immediately. This rule never changes."

With this rule established the children have a firm base for their behavior Mr. A explained. The second unalterable rule is that they must not hurt themselves or others. "If they disobey either of these two rules we clamp down hard. They lose a privilege, such as going swimming. We are dealing with children who have constantly been told -- don't do this, don't do that, until rules or authority don't mean anything to them. So we have to start all over with two simple rules they can understand. You would be amazed to see how the other rules of behavior follow."

In this method all other bad behavior is ignored. Good behavior is instantly rewarded with a paper token which is exchanged at the end of each day for a treat.

The children in this way learn that good behavior is always rewarded. No matter what they do the tokens are not taken away as punishment. Mr. A also emphasized that the tokens are not bribery; the children do not get one by calling attention to their good behavior. Thus, the lines of authority are clearly laid down.

The parents learn this theory of behavior also. Each parent who serves as a guide is given tokens which he hands out sparingly to the three children assigned to him. The parents are given the same instructions as the children.

One parent commenting while watching her son stand docilely in line said, "It's a miracle. My child is a different person here. Maybe, just maybe, some of Mr. A's philosophy might work at home."

APPENDIX F

Progress Quotients

APPENDIX F
READING
GRADE PLACEMENT & PROGRESS QUOTIENTS

	EXPERIMENTAL GROUP					CONTROL GROUP				
	Pupil No.	Pre Test	Post Test	Difference[a]	Progress Quotient[b]	Pupil No.	Pre Test	Post Test	Difference[a]	Progress Quotient[b]
	1	3.2	3.6	.4	36	1	5.2	5.4	.2	56
	2	1.0	1.2	.2	18	2	2.8	3.2	.4	50
	3	0.0	1.1	1.1	110	3	5.4	6.4	1.0	111
	4	3.9	4.4	.5	45	4	2.7	2.5	-.2	-25
	5	2.8	3.3	.5	50	5	2.8	2.5	-.3	-38
	6	3.6	5.7	2.1	256	6	2.1	2.4	.3	43
	7	4.4	4.3	-.1	-9	7	3.1	3.4	.3	38
	8	2.2	2.6	.4	40	8	3.7	3.9	.2	29
	9	3.7	3.9	.2	20	9	3.8	5.5	1.7	240
	10	2.8	3.6	.8	80	10	4.7	4.1	-.6	-75
	11	4.0	6.0	2.0	182	11	1.9	2.4	.5	56
	12	2.1	3.2	1.1	100	12	1.6	3.1	1.5	150
	13	2.5	3.7	1.2	109	13	4.3	4.1	-.2	-25
	14	1.4	2.2	.8	80	14	2.6	2.2	-.4	-44
	15	3.4	3.7	.3	30	15	3.5	3.6	.1	13
	16	0.0	1.3	1.3	185	16	3.3	3.4	.1	10
	17	1.9	3.7	1.8	180	17	1.7	2.0	.3	-33
	18	0.0	1.6	1.6	178	18	7.2	6.6	-.6	-75
	19	2.0	2.9	.9	90	19	1.6	1.5	-.1	-10
	20	4.5	5.4	.9	90	20	1.9	2.4	.5	56
	21	1.6	3.1	1.5	150	21	4.6	4.6	0.0	0
	22	2.6	3.7	1.1	110	22	1.1	1.3	.2	29
	23	2.9	3.8	.9	180	23	1.6	3.4	1.8	300
	24	3.6	4.4	.8	160	24	1.1	1.4	.3	50
	25	2.2	3.9	1.7	340					
	26	2.0	2.9	.9	180					
	27	0.0	1.4	1.4	200					
Average		2.38	3.36	.98	118.83	Average	3.07	3.39	.26	82.9

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[a] Figures represent growth in 10 month yearly units, i.e., .7 indicates 7 school months' gain; 1.7, a gain equivalent to 17 months, etc.

[b] Represents gain in months divided by months actually in program.

APPENDIX F
ARITHMETIC
GRADE PLACEMENT & PROGRESS QUOTIENTS

	EXPERIMENTAL GROUP					CONTROL GROUP				
	Pupil No.	Pre Test	Post Test	Difference[a]	Progress Quotient[b]	Pupil No.	Pre Test	Post Test	Difference[a]	Progress Quotient[b]
	1	3.2	3.9	.7	64	1	4.1	5.2	1.1	122
	2	1.1	1.6	.5	45	2	2.9	3.2	.3	33
	3	.7	1.3	.6	60	3	4.9	5.3	.4	44
	4	3.0	2.7	-.3	-21	4	2.8	3.2	.4	50
	5	2.6	3.2	.6	60	5	3.0	3.1	.1	38
	6	4.6	5.6	1.0	111	6	1.7	1.4	-.3	-43
	7	3.1	4.2	1.1	100	7	3.1	3.1	0.0	0
	8	1.7	2.7	1.0	100	8	3.1	3.6	.5	71
	9	3.6	4.6	1.0	100	9	3.9	4.5	.6	86
	10	2.3	2.9	.6	60	10	3.8	4.4	.6	75
	11	3.8	4.5	.7	64	11	1.6	3.1	1.5	167
	12	3.1	3.7	.6	55	12	1.4	1.9	.5	50
	13	2.1	2.4	.3	27	13	4.1	3.9	-.2	-38
	14	1.2	1.9	.7	70	14	2.5	1.9	-.6	-67
	15	3.5	3.7	.2	20	15	3.0	2.9	-.1	-13
	16	0.0	1.2	1.2	171	16	3.3	3.1	-.2	-20
	17	2.6	3.9	1.3	130	17	1.4	1.5	.1	11
	18	0.0	2.9	2.9	322	18	5.0	6.5	1.5	188
	19	3.0	3.7	.7	70	19	1.6	2.1	.5	50
	20	3.9	5.3	1.4	140	20	1.5	2.3	.8	89
	21	1.7	3.4	1.7	170	21	4.1	4.2	.1	11
	22	2.8	4.3	1.5	150	22	1.0	1.5	.5	71
	23	1.7	2.9	1.2	240	23	1.3	2.0	.7	117
	24	4.6	5.2	.6	120	24	.7	2.3	1.6	267
	25	3.0	4.1	1.1	220					
	26	2.3	3.1	.8	160					
	27	0.0	2.0	2.0	286					
Average		2.41	3.37	.96	114.59	Average	2.74	3.17	.43	56.83

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[a] Figures represent growth in 10 month yearly units, i.e., .7 indicates 7 school months' gain, 1.7, a gain equivalent to 17 months, etc.

[b] Represents gain in months divided by months actually in program.

SECTION 2.

The project has exceeded anticipated results in the behavioral and educational achievement gains made by the pupils served. Appropriate modifications of original procedures have insured steady progress toward the objectives as stated in the original proposal. Other changes will no doubt occur as additional information is compiled and new evaluations occur. See Section 1(a) for fuller discussion.

SECTION 3.

The greatest change on the educational agency served is no doubt an increased awareness of the potential strength of educational personnel to manipulate the school resources to provide an environment that meets the needs of children who have the disabilities as described in the proposal.

SECTION 4.

(1) The following Community Agencies worked closely with the Board of Education in the development of the Proposal and have continued to act in an advisory capacity.

Child Development Clinic at Cardinal Glennon Hospital
Child Guidance Clinic at Washington University
Child Center of Our Lady of Grace
Child Psychiatry -- Jewish Hospital
City of St. Louis Psychiatric Child Guidance
Division of Children's Services -- City of St. Louis
Family and Children's Services
Jewish Family and Children's Services
Juvenile Court of the City of St. Louis
Juvenile Court of St. Louis County
St. Louis Children's Hospital
St. Louis County Medical Society
St. Louis State Hospital
Malcolm Bliss Hospital
Methodist Childrens Home

(2) The opportunities for cooperation has increased insight into mutual problems and has been beneficial to all concerned. (3) There has been no change in the educational agency and county served. See Statistical Data, Section A.

SECTION 5.

Project information was disseminated by Board of Education Public Relations Office. See attached brochure. This service also included newspaper releases and speaker bureau participation of staff members. (1) Ninety-two unsolicited requests for Project information has been received. Copies of the proposal were provided. (2) Thirty-eight visitors have come from outside the Project area. Several of these visitors have studied the project services in depth and continue to request full information about subsequent changes.

SECTION 6.

It is anticipated that the Board of Education will adopt Project activities as a regular part of school services if evaluations indicate it improves the total educational program and is feasible to operate as a part of the existing public school.

SECTION 7.

Costs for the budget period this narrative report covers follow.

$ 293,959.90	Total cost.
$ 0	Total non-Federal support.
$ 293,959.90	Total Federal support under Title III, P.L. 89-10
$ 0	Total Federal support other than Title III, P.L. 89-10